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NEWS	4	APR 07	STN is raising the limits on saved answers
NEWS	5	APR 24	CA/CAplus now has more comprehensive patent assignee information
NEWS	6	APR 26	USPATFULL and USPAT2 enhanced with patent assignment/reassignment information
NEWS	7	APR 28	CAS patent authority coverage expanded
NEWS	8	APR 28	ENCOMPLIT/ENCOMPLIT2 search fields enhanced
NEWS	9	APR 28	Limits doubled for structure searching in CAS REGISTRY
NEWS	10	MAY 08	STN Express, Version 8.4, now available
NEWS	11	MAY 11	STN on the Web enhanced
NEWS	12	MAY 11	BEILSTEIN substance information now available on STN Easy
NEWS	13	MAY 14	DGENE, PCTGEN and USGENE enhanced with increased limits for exact sequence match searches and introduction of free HIT display format
NEWS	14	MAY 15	INPADOCDB and INPAFAMDB enhanced with Chinese legal status data
NEWS	15	MAY 28	CAS databases on STN enhanced with NANO super role in records back to 1992
NEWS	16	JUN 01	CAS REGISTRY Source of Registration (SR) searching enhanced on STN

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=> file medline biosis caplus embase
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FULL ESTIMATED COST                                   0.22       0.22

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=> s bouchard p?/au
L1        1143 BOUCHARD P?/AU

=> s l1 and (lhrh(w)antagonist or
luteinizing(w)hormone(w)releasing(w)hormone(w)antagonist)
L2          21 L1 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASIN
               G(W) HORMONE(W) ANTAGONIST)

=> dup rem l2 1-21
'1-21' IS NOT VALID.  VALID FILE NAMES ARE 'MEDLINE, BIOSIS, CAPLUS, EMBASE'
You have entered a file name of duplicates to keep that is not
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The file names of duplicates that can be kept are listed above.
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=> dup rem l2
PROCESSING COMPLETED FOR L2
L3          18 DUP REM L2 (3 DUPLICATES REMOVED)

=> s frydman r?/au
L4        2090 FRYDMAN R?/AU

=> s l4 and (lhrh(w)antagonist or
luteinizing(w)hormone(w)releasing(w)hormone(w)antagonist)
L5          17 L4 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASI
               NG(W) HORMONE(W) ANTAGONIST)

=> dup rem l5
PROCESSING COMPLETED FOR L5
L6          13 DUP REM L5 (4 DUPLICATES REMOVED)

=> s devroey p?/au
L7        1615 DEVROEY P?/AU

=> s l7 and (lhrh(w)antagonist or
luteinizing(w)hormone(w)releasing(w)hormone(w)antagonist)
L8          24 L7 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASI
               NG(W) HORMONE(W) ANTAGONIST)

=> dup rem l8
PROCESSING COMPLETED FOR L8
L9          13 DUP REM L8 (11 DUPLICATES REMOVED)
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=> s diedrich k?/au
L10       1797 DIEDRICH K?/AU

=> s l0 and (lhrh(w)antagonist or
luteinizing(w)hormone(w)releasing(w)hormone(w)antagonist)
L11          0 L0 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASIN
               G(W) HORMONE(W) ANTAGONIST)

=> s engel j?/au
L12       7149 ENGEL J?/AU

=> s l2 and (lhrh(w)antagonist or
luteinizing(w)hormone(w)releasing(w)hormone(w)antagonist)
L13         21 L2 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASI
               NG(W) HORMONE(W) ANTAGONIST)

=> dup rem l13
PROCESSING COMPLETED FOR L13
L14          18 DUP REM L13 (3 DUPLICATES REMOVED)

=> dis his

     (FILE 'HOME' ENTERED AT 12:15:52 ON 08 JUN 2009)

     FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE' ENTERED AT 12:16:19 ON 08 JUN 2009
L1         1143 S BOUCHARD P?/AU
L2           21 S L1 AND (LHRH(W)ANTAGONIST OR LUTEINIZING(W)HORMONE(W)RELEASIN
L3           18 DUP REM L2 (3 DUPLICATES REMOVED)
L4         2090 S FRYDMAN R?/AU
L5           17 S L4 AND (LHRH(W)ANTAGONIST OR LUTEINIZING(W)HORMONE(W)RELEASI
L6           13 DUP REM L5 (4 DUPLICATES REMOVED)
L7         1615 S DEVROEY P?/AU
L8           24 S L7 AND (LHRH(W)ANTAGONIST OR LUTEINIZING(W)HORMONE(W)RELEASI
L9           13 DUP REM L8 (11 DUPLICATES REMOVED)
L10        1797 S DIEDRICH K?/AU
L11           0 S L0 AND (LHRH(W)ANTAGONIST OR LUTEINIZING(W)HORMONE(W)RELEASIN
L12        7149 S ENGEL J?/AU
L13          21 S L2 AND (LHRH(W)ANTAGONIST OR LUTEINIZING(W)HORMONE(W)RELEASI
L14          18 DUP REM L13 (3 DUPLICATES REMOVED)

=> dis ibib abs l3 1-18

L3   ANSWER 1 OF 18  BIOSIS  COPYRIGHT (c) 2009 The Thomson Corporation  on STN
ACCESSION NUMBER:   2008:562368  BIOSIS
DOCUMENT NUMBER:    PREV200800562367
TITLE:              LHRH-antagonists in the treatment of
                    fertility disorders.
AUTHOR(S):          Bouchard, Philippe [Inventor]; Anonymous;
                    Frydman, Rene [Inventor]; Devroey, Paul [Inventor];
                    Diedrich, Klaus [Inventor]; Engel, Jurgen [Inventor]
CORPORATE SOURCE:   Paris, France
                    ASSIGNEE: AEterna Zentaris GmbH
PATENT INFORMATION: US 07393834 20080701
SOURCE:             Official Gazette of the United States Patent and Trademark
                    Office Patents, (JUL 1 2008)
                    CODEN: OGUPE7. ISSN: 0098-1133.
DOCUMENT TYPE:      Patent
LANGUAGE:           English
ENTRY DATE:         Entered STN: 15 Oct 2008
                    Last Updated on STN: 15 Oct 2008
AB   A method of treating infertility disorders by 1) administering an LH-RH
     antagonist, preferably Cetrorelix, in amounts to selectively suppress
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endogenous LH but not FSH secretion and 2) inducing follicle growth by administration of exogenous gonadotropin. The selective suppression OF LH allows FSH secretion to be at natural levelS thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual subcutaneous dose in the range of 1 mg to 10 mg, preferably 2 mg-6 mg. In multiple dosing-posology, LH-RH antagonist can be administered subcutaneously in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the negative effects of HCG.

L3 ANSWER 2 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:182426 CAPLUS
DOCUMENT NUMBER: 142:233845
TITLE: LHRH-antagonists in the treatment of fertility disorders
INVENTOR(S): Bouchard, Philippe; Frydman, Rene; Devroey, Paul; Diedrich, Klaus; Engel, Jurgen
PATENT ASSIGNEE(S): Fr.
SOURCE: U.S. Pat. Appl. Publ., 7 pp., Cont. of U.S. Ser. No. 786,937.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20050049200	A1	20050303	US 2003-661780	20030915
US 7393834	B2	20080701		
PRIORITY APPLN. INFO.:			US 1996-11282P	P 19960207
			US 1997-786937	B2 19970122
			US 1998-53152	B1 19980401

AB A method of treating infertility disorders by (1) administering an LH-RH antagonist, preferably Cetrorelix, in amts. to selectively suppress endogenous LH but not FSH secretion and (2) inducing follicle growth by administration of exogenous gonadotropin. The selective suppression OF LH allows FSH secretion to be at natural levels thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual s.c. dose in the range of 1 mg to 10 mg, preferably 2 mg-6 mg. In multiple dosing-posol., LH-RH antagonist can be administered s.c. in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the neg. effects of HCG.
REFERENCE COUNT: 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L3 ANSWER 3 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:1152730 CAPLUS
DOCUMENT NUMBER: 143:446690
TITLE: LHRH antagonist for treating infertility

INVENTOR(S): Bouchard, P.; Frydman, R.; Devroey, P.; Diedrich, K.; Engel, J.
PATENT ASSIGNEE(S): Zentaris G.m.b.h., Germany
SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu, 12 pp., Division of Faming Zhuanli 97 111,580.
CODEN: CNXXEV
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
CN 1562348	A	20050112	CN 2004-10049113		19970516
CN 1199642	A	19981125	CN 1997-111580		19970516
PRIORITY APPLN. INFO.:			CN 1997-111580	A3	19970516
			US 1996-11282P	P	19960207

AB The LHRH-antagonist, preferably Cetrorelix, can be administered in a dose capable of selectively inhibiting the secretion of endogenous LH but not FSH to maintain the FSH secretion at normal level while not influence the estrogen production In combination with the exogenous gonadotropic hormone (GTH) preparation for inducing follicular development, the LHRH-antagonist can be used for the treatment of infertility.

L3 ANSWER 4 OF 18 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2001065301 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10972520
TITLE: The LHRH antagonist cetrorelix: a review.
AUTHOR: Reissmann T; Schally A V; Bouchard P; Riethmiiller H; Engel J
CORPORATE SOURCE: Corporate Research and Development, ASTA Medica AG, Frankfurt, Germany.. Dr_Thomas.Reissmann@astamedica.de
SOURCE: Human reproduction update, (2000 Jul-Aug) Vol. 6, No. 4, pp. 322-31. Ref: 58
Journal code: 9507614. ISSN: 1355-4786.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200012
ENTRY DATE: Entered STN: 22 Mar 2001
Last Updated on STN: 22 Mar 2001
Entered Medline: 22 Dec 2000

AB In those clinical situations in which an immediate and profound suppression of gonadotrophins is desired, LHRH agonists have the disadvantage of producing an initial stimulatory effect on hormone secretion. Therefore, the use of GnRH antagonists which cause an immediate and dose-related inhibition of LH and FSH by competitive blockade of the receptors is much more advantageous. One of the most advanced antagonist produced to date is Cetrorelix, a decapeptide which has been shown to be safe and effective in inhibiting LH and sex-steroid secretion in a variety of animal species and in clinical studies as well. Clinical trials in patients suffering from advanced carcinoma of the prostate, benign prostate hyperplasia, and ovarian cancer are currently in progress and have already shown the usefulness of this new treatment modality. In particular, the concept that a complete suppression of sex-steroids may not be necessary in indications such as uterine fibroma, endometriosis and benign prostatic hyperplasia represents a promising novel perspective for treatment of these diseases. Following completion

of phase III trials in controlled ovarian stimulation for IVF regimens, Cetrorelix was given marketing approval and, thus, became the first LHRH antagonist available clinically.

L3 ANSWER 5 OF 18 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
ACCESSION NUMBER: 2000:131344 BIOSIS
DOCUMENT NUMBER: PREV200000131344
TITLE: Prospective, randomized, controlled study of in vitro fertilization-embryo transfer with a single dose of a luteinizing hormone-releasing hormone (LH-RH) antagonist (cetrorelix) or a depot formula of an LH-RH agonist (triptorelin).
AUTHOR(S): Olivennes, Francois [Reprint author]; Belaisch-Allart, Joelle; Emperaire, Jean-Claude; Dechaud, Herve; Alvarez, Sylvia; Moreau, Laurence; Nicollet, Bernard; Zorn, Jean-Rene; Bouchard, Philippe; Frydman, Rene
CORPORATE SOURCE: Service de Gynecologie-Obstetrique, Hopital A. Beclere, 157, Rue de la Porte De Trivaux, 92140, Clamart Cedex, France
SOURCE: Fertility and Sterility, (Feb., 2000) Vol. 73, No. 2, pp. 314-320. print.
CODEN: FESTAS. ISSN: 0015-0282.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Apr 2000
Last Updated on STN: 4 Jan 2002
AB Objective: To confirm the value of a single dose of 3 mg of cetrorelix in preventing the occurrence of premature LH surges. Design: Multicenter randomized, prospective study. Setting: Reproductive medicine units. Patient(s): Infertile patients undergoing ovarian stimulation for IVF-ET. Intervention(s): A single dose of 3 mg of cetrorelix (Cetrotide; ASTA Medica, Frankfurt, Germany) (115 patients) was administered in the late follicular phase. A depot preparation of triptorelin (Decapeptyl; Ipsen-Biotech, Paris, France) was chosen as a control agent (39 patients). Ovarian stimulation was conducted with hMG (Menogon; Ferring, Kiel, Germany). Main Outcome Measure(s): Premature LH surges (LH level >10 IU/L), progesterone level greater than 1 ng/L, and IVF results. Result(s): No LH surge occurred after cetrorelix administration. The patients in the cetrorelix group had a lower number of oocytes and embryos. The percentage of mature oocytes and fertilization rates were similar in both groups, and the pregnancy rates were not statistically different. The length of stimulation, number of hMG ampules administered, and occurrence of the ovarian hyperstimulation syndrome were lower in the cetrorelix group. Tolerance of cetrorelix was excellent. Conclusion(s): A cetrorelix single-dose protocol prevented LH surges in all patients studied. It compares favorably to the "long protocol" and could be a protocol of choice in IVF-ET.

L3 ANSWER 6 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1999:538778 CAPLUS
DOCUMENT NUMBER: 131:139954
TITLE: LHRH antagonists in the treatment of fertility disorders
INVENTOR(S): Bouchard, Philippe; Frydman, Rene; Diedrich, Klaus; Engel, Jurgen; Devroey, Paul
PATENT ASSIGNEE(S): Asta Medica AG, Germany
SOURCE: Can. Pat. Appl., 15 pp.
CODEN: CPXXEB
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CA 2200541	A1	19980722	CA 1997-2200541	19970320
PRIORITY APPLN. INFO.:			US 1997-786937 A	19970122

AB A method of treating infertility disorders by administering an LH-RH antagonist, preferably Cetrorelix, in amts. to selectively suppress endogenous LH but not FSH secretion and inducing follicle growth by administration of exogenous gonadotropin. The selective suppression of LH allows FSH secretion to be at natural levels thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual s.c. dose in the range of 1 mg to 10 mg, preferably 2 mg - 6 mg. In multiple dosing posol., LH-RH antagonist can be administered s.c. in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the neg. effects of HCG.

L3 ANSWER 7 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1998:785333 CAPLUS
DOCUMENT NUMBER: 130:163389
TITLE: Endocrine features of combined gonadotropin and GnRH antagonist ovulation induction
AUTHOR(S): Bouchard, P.; Olivennes, F.; Christin-Maitre, S.; Chabbert-Buffet, N.; Frydman, R.
CORPORATE SOURCE: Department of Endocrinology, Hospital Saint Antoine, Paris, 75012, Fr.
SOURCE: Ovulation Induction Update '98, Proceedings of the World Conference on Ovulation Induction, 2nd, Bologna, Sept. 12-13, 1997 (1998), Meeting Date 1997, 115-119. Editor(s): Filicori, Marco; Flamigni, Carlo. Parthenon Publishing: Carnforth, UK.
CODEN: 67AHAA
DOCUMENT TYPE: Conference
LANGUAGE: English

AB The authors studied the GnRH antagonist Cetrorelix in single dose administration to normal volunteers and single or dual administration in IVF-ET (in vitro fertilization-embryo transfer) studies. Based on endocrine responses, the authors suggest that clin. protocols use either a single administration of the antagonist on day 8 of stimulation or a daily treatment from day 7 until human chorionic gonadotropin administration. Results for ovulation induction using both multiple and single dose regimens are very encouraging. The use of GnRH antagonists will allow very much needed flexible regimens of ovarian superovulation using fewer doses of human menopausal gonadotropin (hMG), clomiphene citrate/hMG regimens and eventually the use of assisted reproductive techniques in non-stimulated cycles. Such low dose gonadotropin regimens are important in reducing the risk of ovarian hyperstimulation.

REFERENCE COUNT: 15 THERE ARE 15 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L3 ANSWER 8 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1997:554033 CAPLUS
DOCUMENT NUMBER: 127:157215
ORIGINAL REFERENCE NO.: 127:30327a
TITLE: LH-RH-antagonists in the treatment of fertility disorders
INVENTOR(S): Engel, Juergen; Bouchard, Philippe Bouchard;

Frydman, Rene; Diedrich, Klaus; Devroey, Paul
PATENT ASSIGNEE(S): Asta Medica Aktiengesellschaft, Germany
SOURCE: Eur. Pat. Appl., 4 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 788799	A2	19970813	EP 1997-100852	19970121
EP 788799	A3	19981021		
R: AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE				
JP 09227404	A	19970902	JP 1997-22359	19970205

PRIORITY APPLN. INFO.: US 1996-11282P P 19960207
AB This invention relates to the preparation of a medicament to be applied in the field of treating infertility disorders with or without assisted reproduction techniques. In particular the improvement is directed to use an LH-RH antagonist, preferably Cetrorelix, for preparation of an medicament applied in the method of treating infertility disorders by inducing follicle growth by administration of exogenous gonadotropins and in administering the LH-RH antagonist which contains an amount of LH-RH antagonist as low as only to suppress endogenous LH but the FSH secretion is maintained at a natural level and the individual estrogen development is not affected. When using the preparation, the follicle development must not be in each case externally stimulated (e.g. by the addition of gonadotropins) but can be maintained by endogenous gonadotropins. Advantageously the preparation can be given in the range of 0.1 to 5 mg of Cetrorelix/day during a multiple dosing posol.

L3 ANSWER 9 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1997:109247 CAPLUS
DOCUMENT NUMBER: 126:140059
ORIGINAL REFERENCE NO.: 126:26931a,26934a
TITLE: The role of GnRH during the periovulatory period: a basis for the use of GnRH antagonists in ovulation induction
AUTHOR(S): Bouchard, Ph.; Charbonnel, B.; Fraser, H.M.; Caraty, A.; Dubourdieu, S.; Leroy, I.; Olivennes, F.; Frydman, R.
CORPORATE SOURCE: Departments of Endocrinology, Hopital Saint Antoine, Paris, 75012, Fr.
SOURCE: Frontiers in Endocrinology (1995), 13(New Achievements in Research of Ovarian Function), 291-299
CODEN: FRENEZ
PUBLISHER: Ares-Serono Symposia
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The authors present evidence that continued ongoing GnRH action is required to initiate the estrogen-induced LH surge in women. Their findings also support the use of GnRH antagonists during the late follicular phase for blocking premature LH surges in women undergoing ovarian hyperstimulation regimens. If these findings are confirmed in large, randomized studies, the good tolerance and efficacy observed by the authors suggest a bright future for this product in assisted reproduction
REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L3 ANSWER 10 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604153 CAPLUS
DOCUMENT NUMBER: 123:1187

ORIGINAL REFERENCE NO.: 123:251a,254a
TITLE: The physicochemical properties and the biological activities of A-75998: an antagonist of gonadotropin releasing hormone
AUTHOR(S): Haviv, F.; Fitzpatrick, T. D.; Nichols, C. J.; Swenson, R. E.; Mort, N. A.; Bush, E. N.; Diaz, G. J.; Nguyen, H. A.; Love, S. K.; et al.
CORPORATE SOURCE: Dep. 46Y, Abbott Lab., Abbott Park, IL, 60064-3500, USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 303-9. Editor(s): Bouchard, Philippe. Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference
LANGUAGE: English
AB Among several GnRH antagonists prepared, A-75998 was found to be potent and safe, with an NMeTyr5 moiety which appears to produce 3 major effects: it favors the bioactive conformation thereby raising potency, it retards enzymic cleavage of the Ser4-Tyr5 bond, thus increasing the duration of action, and it improves water solubility

L3 ANSWER 11 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604152 CAPLUS
DOCUMENT NUMBER: 123:1380
ORIGINAL REFERENCE NO.: 123:303a,306a
TITLE: Evaluation of a GnRH antagonist in treating gonadotroph adenomas using a new technique for quantitation of pituitary adenoma size
AUTHOR(S): McGrath, G. A.; Goncalves, R. J.; Udupa, J. K.; Grossman, R. I.; Pavlou, S. N.; Molitch, M. E.; Rivier, J.; Vale, W. W.; Snyder, P. J.
CORPORATE SOURCE: Sch. Med., Univ. Pennsylvania, Philadelphia, PA, 19104, USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 293-302. Editor(s): Bouchard, Philippe . Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference
LANGUAGE: English
AB Nal-Glu-GnRH was administered to 5 men with gonadotroph adenomas. Treatment for 3-12 mo did not decrease the size of the adenomas, even though initially above normal serum FSH concns. are persistently suppressed. FSH secretion by these adenomas may be dependent on endogenous GnRH secretion, but the adenoma growth might not be. The technique developed for this study using the Softvu computer program provides a more objective and more precise method of calculating pituitary adenoma volume

L3 ANSWER 12 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604151 CAPLUS
DOCUMENT NUMBER: 123:1057
ORIGINAL REFERENCE NO.: 123:235a,238a
TITLE: Clinical applications of GnRH antagonists in men
AUTHOR(S): Pavlou, S. N.; Sharp, S. C.
CORPORATE SOURCE: Beth Israel Hosp., boston, MA, 02215., USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 285-92. Editor(s): Bouchard, Philippe . Parthenon Publ.: London, UK.
CODEN: 61MSAR

DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A review, with 46 refs., on the mechanism of action of GnRH antagonists and their clin. applications, including problems such as mast cell degranulation resulting from GnRH antagonists initially developed.

L3 ANSWER 13 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604150 CAPLUS
DOCUMENT NUMBER: 123:1234
ORIGINAL REFERENCE NO.: 123:266h,267a
TITLE: Perspectives of the use of GnRH antagonists in gynecology
AUTHOR(S): Bouchard, P.; Dubourdieu, S.; Hajri, S.; Le Nestour, E.; d'Acremont, M. F.; Leroy, I.; Spitz, I. M.; Frydman, R.; Charbonnel, B.
CORPORATE SOURCE: Service Endocrinol., Hopital Bicetre, Kremlin-Bicetre, 94270, Fr.
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 265-84. Editor(s): Bouchard, Philippe . Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB The effect of a GnRH antagonist, [Ac-d2-Nal1,4CID-Phe2,D3Pal3,Arg5,D-Glu6(AA),D-Ala10]GnRH (Nal-Glu) on follicular development was studied in normal women. Results suggest that Nal-Glu has the ability to delay ovulation. In addition, coadministration of GnRH antagonist and pulsatile GnRH, uses of GnRH antagonists in contraception, and uses of GnRH antagonists in controlled ovarian hyperstimulation are discussed.

L3 ANSWER 14 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604148 CAPLUS
DOCUMENT NUMBER: 123:1055
ORIGINAL REFERENCE NO.: 123:231a,234a
TITLE: The combined use of GnRH antagonists with gonadotropins or pulsatile GnRH in ovulation induction
AUTHOR(S): Gordon, K.; Danforth, D. R.; Williams, R. F.; Hodgen, G. D.
CORPORATE SOURCE: Jones Inst. Reprod. Med., Eastern Virginia Med. Sch., Norfold, VA, 23507, USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 239-47. Editor(s): Bouchard, Philippe . Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A review, with 34 refs., on demonstration of the utility and feasibility of using GnRH antagonists as part of various ovulation induction regimens in a primate model.

L3 ANSWER 15 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604145 CAPLUS
DOCUMENT NUMBER: 123:1052
ORIGINAL REFERENCE NO.: 123:231a,234a
TITLE: Progress in the design of GnRH antagonists
AUTHOR(S): Karten, M. J.; Rivier, C.; Folkers, K.; Bowers, C. Y.; Hook, W.; Rivier, J.
CORPORATE SOURCE: Contraceptive Dev. Branch, Natl. Inst. health, Rockville, MD, 20892, USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc.

Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 205-9. Editor(s): Bouchard, Philippe. Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A review, with 12 refs., on the design of GnRH antagonists. The development of azaline B and the effects of modifications of antide at positions 1, 5, 6, and 8 are discussed.

L3 ANSWER 16 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1993:16441 CAPLUS
DOCUMENT NUMBER: 118:16441
ORIGINAL REFERENCE NO.: 118:2961a,2964a
TITLE: Spontaneous luteinizing hormone surges can be reliably prevented by the timely administration of a gonadotropin releasing hormone antagonist (Nal-Glu) during the late follicular phase
AUTHOR(S): Frydman, R.; Cornel, C.; De Ziegler, D.; Taieb, J.; Spitz, I. M.; Bouchard, P.
CORPORATE SOURCE: Dep. Obstet. Gynaecol., Hop. A. Beclere, Clamart, 92141, Fr.
SOURCE: Human Reproduction (1992), 7(7), 930-3
CODEN: HUREEE; ISSN: 0268-1161
DOCUMENT TYPE: Journal
LANGUAGE: English
AB A new gonadotropin releasing hormone antagonist (Nal-Glu) was used during the late follicular phase of the natural menstrual cycle in women to prevent spontaneous surges of LH. Regularly ovulating women (group 1) received 2 injections of Nal-Glu (5 mg) administered 48 h apart when plasma estradiol levels exceeded 125 pg/mL. Human menopausal gonadotropin (HMG, 225 IU) was administered simultaneously with Nal-Glu and repeated every 12 h thereafter until either a spontaneous LH surge occurred or human chorionic gonadotropin (HCG, 5000 IU) was administered. HCG was arbitrarily administered 48 h after the second Nal-Glu injection. Six other women (group 2) receiving only HMG served as controls. In 7 of the 8 women in group 1, LH and progesterone remained low for 96 h following Nal-Glu, i.e. until HCG administration. In the remaining woman in this group, LH started to rise 12 h before HCG injection. In this group, Nal-Glu did not interfere with follicular development or the plasma profile of estradiol. All women developed 1 single dominant follicle with the exception of one subject who had already spontaneously developed 2 dominant follicles prior to administration of Nal-Glu and HMG. In group 2, LH rose spontaneously in all women before the planned HCG injection. The luteal phase was apparently not altered by Nal-Glu. These results suggest that Nal-Glu administration during the late follicular phase of natural cycles supported by HMG, can prevent the spontaneous LH surge while not interfering with follicular growth. Therefore, timely administration of Nal-Glu in the late follicular phase of the natural cycle offers an interesting alternative in ovarian stimulation for in vitro fertilization, with or without gonadotropin down-regulation via GnRH agonist treatment.

L3 ANSWER 17 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1991:841 CAPLUS
DOCUMENT NUMBER: 114:841
ORIGINAL REFERENCE NO.: 114:178h,179a
TITLE: Gonadotropin-releasing hormone (GnRH) agonists and GnRH antagonists do not alter endogenous GnRH secretion in short-term castrated rams
AUTHOR(S): Caraty, Alain; Locatelli, Alain; Delaleu, Bernadette; Spitz, Irving M.; Schatz, Bernard; Bouchard,

Philippe
CORPORATE SOURCE: Stn. Physiol. Reprod., Inst. Natl. Rech. Agron., Nouzilly, 37380, Fr.
SOURCE: Endocrinology (1990), 127(5), 2523-9
CODEN: ENDOAO; ISSN: 0013-7227
DOCUMENT TYPE: Journal
LANGUAGE: English

AB To determine if GnRH analogs act on GnRH secretion through a short or ultrashort loop feedback mechanism, expts. were performed to analyze GnRH secretion in hypophyseal portal blood of conscious short-term castrated rams under both agonist or antagonist treatment. In Study 1, rams were castrated and surgically prepared for portal blood collection on day -7. Portal and peripheral blood were collected simultaneously every 10 min for 14-15 h on day 0. Five h after the beginning of the portal blood collection, animals were injected i.m. with 5 mg potent GnRH antagonist (Nal-Glu). In Study 2, rams were treated daily from day -11 to day 0 with the GnRH agonist D-Trp6 GnRH (0.5 mg i.m.). Castration and surgical preparation for portal blood collection were performed on day -7. On day 0 portal and peripheral blood were collected simultaneously every 10 min for 10-11 h. In both studies, to determine whether an increase in GnRH concentration in hypophyseal portal blood can overcome the inhibitory effect of the GnRH analogs, between 5 and 5.5 h after the injection of the analogs, endogenous GnRH secretion was stimulated by naloxone administration (3 + 100 mg, i.v., at 30-min intervals) followed by a bolus of exogenous GnRH (2 + 10 μg, i.v., at 30-min intervals). In study 1, Nal-Glu administration led to a rapid cessation of pulsatile LH secretion for the duration of blood collection, whereas GnRH pulse frequency and amplitude were not affected. GnRH and LH pulse frequency before and after Nal-Glu administration were, 6.2 vs. 5.7 and 5.3 vs. 0.3 pulses/6 h, resp. In Study 2, peripheral LH secretion was completely suppressed, whereas GnRH secretion (portal blood) remained pulsatile. GnRH pulses frequency and pulse amplitude were 4.3 pulses/6 h and 43.0 7 pg/mL, resp. In both expts., neither stimulation of endogenous GnRH secretion by naloxone nor administration of exogenous GnRH allowed reinitiation of LH secretion. However, addnl. studies in animals of each treatment group (study III) showed that this was clearly a dose-related effect in antagonist treated but not in agonist-treated animals since higher doses of exogenous GnRH (i.e. 100 μg or 1000 μg) can increase LH levels. Thus, in short-term castrated ram, neither GnRH agonist nor GnRH antagonist administration affect endogenous GnRH secretion either directly by an action on GnRH neurons or indirectly by a decrease in LH secretion. These results, therefore, do not support a role for both a short loop and ultrashort loop feedback mechanism in castrated rams.

L3 ANSWER 18 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1988:486350 CAPLUS
DOCUMENT NUMBER: 109:86350
ORIGINAL REFERENCE NO.: 109:14267a,14270a
TITLE: Inhibition of ovulation: comparison between the mechanism of action of steroids and GnRH analogs
AUTHOR(S): Bouchard, P.; Wolf, J. P.; Hajri, S.
CORPORATE SOURCE: Lab. Histol.-Embryol., Hop. Bicetre, Le Kremlin Bicetre, 94270, Fr.
SOURCE: Human Reproduction (1988), 3(4), 503-6
CODEN: HUREEE; ISSN: 0268-1161
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 25 refs., on the mechanisms of gonadotropin suppression by gonadal steroids such as estradiol and progesterone and by LH-RH antagonist analogs in humans and laboratory animals.

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FULL ESTIMATED COST | 153.21 | 153.43

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS) | SINCE FILE ENTRY | TOTAL SESSION
CA SUBSCRIBER PRICE | -12.30 | -12.30

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FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Jun 5, 2009 (20090605/UP).

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YOU HAVE REQUESTED DATA FROM FILE 'MEDLINE, BIOSIS, CAPLUS' - CONTINUE? (Y)/N:y

L6 ANSWER 1 OF 13 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
ACCESSION NUMBER: 2008:562368 BIOSIS
DOCUMENT NUMBER: PREV200800562367
TITLE: LHRH-antagonists in the treatment of fertility disorders.
AUTHOR(S): Bouchard, Philippe [Inventor]; Anonymous; Frydman, Rene [Inventor]; Devroey, Paul [Inventor]; Diedrich, Klaus [Inventor]; Engel, Jurgen [Inventor]
CORPORATE SOURCE: Paris, France
ASSIGNEE: AEterna Zentaris GmbH
PATENT INFORMATION: US 07393834 20080701
SOURCE: Official Gazette of the United States Patent and Trademark Office Patents, (JUL 1 2008)
CODEN: OGUPE7. ISSN: 0098-1133.
DOCUMENT TYPE: Patent
LANGUAGE: English
ENTRY DATE: Entered STN: 15 Oct 2008
Last Updated on STN: 15 Oct 2008
AB A method of treating infertility disorders by 1) administering an LH-RH antagonist, preferably Cetrorelix, in amounts to selectively suppress endogenous LH but not FSH secretion and 2) inducing follicle growth by administration of exogenous gonadotropin. The selective suppression OF LH allows FSH secretion to be at natural levelS thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual subcutaneous dose in the range of 1 mg to 10 mg, preferably 2 mg-6 mg. In multiple dosing-posology, LH-RH antagonist can be administered subcutaneously in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the negative effects of HCG.

L6 ANSWER 2 OF 13 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2007621505 MEDLINE
DOCUMENT NUMBER: PubMed ID: 16930803
TITLE: Presurgical short term treatment of uterine fibroids with

different doses of cetrorelix acetate: a double-blind, placebo-controlled multicenter study.
AUTHOR: Engel Jorg B; Audebert Alain; Frydman Rene; Zivny Jaroslav; Diedrich Klaus
CORPORATE SOURCE: Frauenklinik der Julius Maximilians-Universitat Wurzburg, Josef-Schneider-Str. 4, 97070 Wurzburg, Germany.. joergbengel@hotmail.com
SOURCE: European journal of obstetrics, gynecology, and reproductive biology, (2007 Oct) Vol. 134, No. 2, pp. 225-32. Electronic Publication: 2006-08-22. Journal code: 0375672. ISSN: 0301-2115.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: (CLINICAL TRIAL, PHASE II) Journal; Article; (JOURNAL ARTICLE) (MULTICENTER STUDY) (RANDOMIZED CONTROLLED TRIAL) (RESEARCH SUPPORT, NON-U.S. GOV'T) (CLINICAL TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200712
ENTRY DATE: Entered STN: 24 Oct 2007 Last Updated on STN: 11 Dec 2007 Entered Medline: 6 Dec 2007

AB OBJECTIVE: To assess the efficacy and safety of different dosing schedules of cetrorelix acetate as a short term treatment for 4 weeks prior to surgery in patients with uterine fibroids. STUDY DESIGN: Randomized, double-blind, placebo-controlled study. Patients were 109 premenopausal women, with at least one uterine fibroid, more than 4 cm in diameter. Groups 1-3 received placebo, 5 and 10 mg of cetrorelix on days 1, 8, 15 and 22, respectively group 4 received 10mg of cetrorelix on days 1 and 15. MRI scan was performed at screening and on day 29. The main outcome measure was the reduction of uterine volume on day 29 and response, defined as >30% size reduction. RESULTS: Mean (+/-S.D.) reduction of uterine volume on day 29 (MRI scan) was 5.1+/-32.1% with placebo, 15.6+/-20.2% with 4 x 5 mg, 15.4+/-34.6% with 4 x 10 mg and 0.6+/-30.6% with 2 x 10 mg cetrorelix. Significant response versus placebo ($p<0.05$) occurred in the 4 x 10 mg group (42.3% versus 11.1%) CONCLUSIONS: Best objective response after 4 weeks of treatment was achieved after therapy with 4 x 10 mg of cetrorelix acetate. Short term presurgical treatment with the LHRH-antagonist cetrorelix is a flexible treatment protocol without any major side effects.

L6 ANSWER 3 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:182426 CAPLUS
DOCUMENT NUMBER: 142:233845
TITLE: LHRH-antagonists in the treatment of fertility disorders
INVENTOR(S): Bouchard, Philippe; Frydman, Rene; Devroey, Paul; Diedrich, Klaus; Engel, Jurgen
PATENT ASSIGNEE(S): Fr.
SOURCE: U.S. Pat. Appl. Publ., 7 pp., Cont. of U.S. Ser. No. 786,937. CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20050049200	A1	20050303	US 2003-661780	20030915

US 7393834 B2 20080701

PRIORITY APPLN. INFO.: US 1996-11282P P 19960207
US 1997-786937 B2 19970122
US 1998-53152 B1 19980401

AB A method of treating infertility disorders by (1) administering an LH-RH antagonist, preferably Cetrorelix, in amts. to selectively suppress endogenous LH but not FSH secretion and (2) inducing follicle growth by administration of exogenous gonadotropin. The selective suppression OF LH allows FSH secretion to be at natural levels thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual s.c. dose in the range of 1 mg to 10 mg, preferably 2 mg-6 mg. In multiple dosing-posol., LH-RH antagonist can be administered s.c. in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the neg. effects of HCG.

REFERENCE COUNT: 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 4 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:1152730 CAPLUS
DOCUMENT NUMBER: 143:446690
TITLE: LHRH antagonist for treating infertility
INVENTOR(S): Bouchard, P.; Frydman, R.; Devroey, P.; Diedrich, K.; Engel, J.
PATENT ASSIGNEE(S): Zentaris G.m.b.h., Germany
SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu, 12 pp., Division of Faming Zhuanli 97 111,580.
CODEN: CNXXEV
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CN 1562348	A	20050112	CN 2004-10049113	19970516
CN 1199642	A	19981125	CN 1997-111580	19970516

PRIORITY APPLN. INFO.: CN 1997-111580 A3 19970516
US 1996-11282P P 19960207

AB The LHRH-antagonist, preferably Cetrorelix, can be administered in a dose capable of selectively inhibiting the secretion of endogenous LH but not FSH to maintain the FSH secretion at normal level while not influence the estrogen production In combination with the exogenous gonadotropic hormone (GTH) preparation for inducing follicular development, the LHRH-antagonist can be used for the treatment of infertility.

L6 ANSWER 5 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:214872 CAPLUS
DOCUMENT NUMBER: 142:349212
TITLE: Premenstrual administration of gonadotropin-releasing hormone antagonist coordinates early antral follicle sizes and sets up the basis for an innovative concept of controlled ovarian hyperstimulation
AUTHOR(S): Fanchin, Renato; Branco, Altina Castelo; Kadoch, Isaac Jacques; Hosny, Ghada; Bagirova, Mira; Frydman,

Rene
CORPORATE SOURCE: Department of Obstetrics and Gynecology and Reproductive Medicine, Hopital Antoine Beclere, Clamart, Fr.
SOURCE: Fertility and Sterility (2004), 81(6), 1554-1559
CODEN: FESTAS; ISSN: 0015-0282
PUBLISHER: Elsevier
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Objective: To investigate whether premenstrual administration of a GnRH antagonist coordinates early antral follicle sizes during the subsequent follicular phase. Design: Prospective, longitudinal study. Setting: University Hospital in France Patient(s): Twenty-five women, 50 cycles. Intervention(s): On cycle day 2 (control/day 2), women underwent measurements of early antral follicles by ultrasound and serum FSH and ovarian hormones. On day 25, they received a single cetrorelix acetate administration, 3 mg. On the subsequent day 2 (premenstrual GnRH antagonist/day 2), participants were re-evaluated as on control/day 2. Main Outcome Measure(s): Magnitude of follicular size discrepancies. Result(s): Follicular diams. (4.1 vs. 5.5 mm) and follicle-to-follicle size differences decreased on premenstrual GnRH antagonist/day 2 as compared with control/day 2. Consistently, FSH (4.5 vs. 6.7 mIU/mL), estradiol (E2) (23 vs. 46 pg/mL), and inhibin B (52 vs. 76 pg/mL) were lower on GnRH antagonist/day 2 than on control/day 2. Conclusion(s): Premenstrual GnRH antagonist administration reduces diams. and size disparities of early antral follicles on day 2, likely through the prevention of luteal FSH elevation and early follicular development. This simple, original approach may be used to coordinate multifollicular development in controlled ovarian hyperstimulation.
REFERENCE COUNT: 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 6 OF 13 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 2003305229 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12831591
TITLE: Single dose application of cetrorelix in combination with clomiphene for friendly IVF: results of a feasibility study.
AUTHOR: Engel J B; Olivennes F; Fanchin R; Frydman N; Le Du A; Blanchet V; Frydman R
CORPORATE SOURCE: Department of Obstetrics and Gynecology, Hopital Antoine Beclere, 157 Rue de la Porte de Trivaux, 92141 Clamart, France.. joergbengel@hotmail.com
SOURCE: Reproductive biomedicine online, (2003 Jun) Vol. 6, No. 4, pp. 444-7.
Journal code: 101122473. ISSN: 1472-6483.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200308
ENTRY DATE: Entered STN: 1 Jul 2003
Last Updated on STN: 8 Aug 2003
Entered Medline: 7 Aug 2003
AB A prospective randomized feasibility study was carried out on 10 patients undergoing IVF treatment using a single-dose LHRH antagonist protocol (cetrorelix, Cetrotide) with clomiphene citrate in combination with either human menopausal gonadotrophin (HMG) (n = 5) or recombinant human FSH (rFSH) (n = 5). Both treatment-groups, HMG and rFSH, were comparable with regard to age (33.2 +/- 2.6 versus 34.4 +/-

4.0 years) BMI (23.2 +/- 2.6 versus 22.7 +/- 1.6) and cause of infertility. They yielded comparable results concerning gonadotrophin dose (19.8 +/- 8.7 versus 17.0 +/- 8.9), stimulation days (6.5 +/- 2.0 versus 5.8 +/- 1.9) and live births (one versus two). No premature LH surge (LH >10 IU/ml and progesterone >1 ng/ml) occurred. The overall baby take-home rate was 30%. In a small number of patients, cetrorelix could be shown to effectively prevent premature LH surges in stimulation protocols combining clomiphene with gonadotrophins with an excellent baby take-home rate per started cycle of 30%.

L6 ANSWER 7 OF 13 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
ACCESSION NUMBER: 2000:131344 BIOSIS
DOCUMENT NUMBER: PREV200000131344
TITLE: Prospective, randomized, controlled study of in vitro fertilization-embryo transfer with a single dose of a luteinizing hormone-releasing hormone (LH-RH) antagonist (cetrorelix) or a depot formula of an LH-RH agonist (triptorelin).
AUTHOR(S): Olivennes, Francois [Reprint author]; Belaisch-Allart, Joelle; Emperaire, Jean-Claude; Dechaud, Herve; Alvarez, Sylvia; Moreau, Laurence; Nicollet, Bernard; Zorn, Jean-Rene; Bouchard, Philippe; Frydman, Rene
CORPORATE SOURCE: Service de Gynecologie-Obstetrique, Hopital A. Beclere, 157, Rue de la Porte De Trivaux, 92140, Clamart Cedex, France
SOURCE: Fertility and Sterility, (Feb., 2000) Vol. 73, No. 2, pp. 314-320. print.
CODEN: FESTAS. ISSN: 0015-0282.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Apr 2000
Last Updated on STN: 4 Jan 2002
AB Objective: To confirm the value of a single dose of 3 mg of cetrorelix in preventing the occurrence of premature LH surges. Design: Multicenter randomized, prospective study. Setting: Reproductive medicine units. Patient(s): Infertile patients undergoing ovarian stimulation for IVF-ET. Intervention(s): A single dose of 3 mg of cetrorelix (Cetrotide; ASTA Medica, Frankfurt, Germany) (115 patients) was administered in the late follicular phase. A depot preparation of triptorelin (Decapeptyl; Ipsen-Biotech, Paris, France) was chosen as a control agent (39 patients). Ovarian stimulation was conducted with hMG (Menogon; Ferring, Kiel, Germany). Main Outcome Measure(s): Premature LH surges (LH level >10 IU/L), progesterone level greater than 1 ng/L, and IVF results. Result(s): No LH surge occurred after cetrorelix administration. The patients in the cetrorelix group had a lower number of oocytes and embryos. The percentage of mature oocytes and fertilization rates were similar in both groups, and the pregnancy rates were not statistically different. The length of stimulation, number of hMG ampules administered, and occurrence of the ovarian hyperstimulation syndrome were lower in the cetrorelix group. Tolerance of cetrorelix was excellent. Conclusion(s): A cetrorelix single-dose protocol prevented LH surges in all patients studied. It compares favorably to the "long protocol" and could be a protocol of choice in IVF-ET.

L6 ANSWER 8 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1999:538778 CAPLUS
DOCUMENT NUMBER: 131:139954
TITLE: LHRH antagonists in the treatment of fertility disorders
INVENTOR(S): Bouchard, Philippe; Frydman, Rene; Diedrich, Klaus; Engel, Jurgen; Devroey, Paul
PATENT ASSIGNEE(S): Asta Medica AG, Germany

SOURCE: Can. Pat. Appl., 15 pp.
CODEN: CPXXEB
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CA 2200541	A1	19980722	CA 1997-2200541	19970320
PRIORITY APPLN. INFO.:			US 1997-786937 A	19970122

AB A method of treating infertility disorders by administering an LH-RH antagonist, preferably Cetrorelix, in amts. to selectively suppress endogenous LH but not FSH secretion and inducing follicle growth by administration of exogenous gonadotropin. The selective suppression of LH allows FSH secretion to be at natural levels thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual s.c. dose in the range of 1 mg to 10 mg, preferably 2 mg - 6 mg. In multiple dosing posol., LH-RH antagonist can be administered s.c. in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the neg. effects of HCG.

L6 ANSWER 9 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1998:785333 CAPLUS
DOCUMENT NUMBER: 130:163389
TITLE: Endocrine features of combined gonadotropin and GnRH antagonist ovulation induction
AUTHOR(S): Bouchard, P.; Olivennes, F.; Christin-Maitre, S.; Chabbert-Buffet, N.; Frydman, R.
CORPORATE SOURCE: Department of Endocrinology, Hospital Saint Antoine, Paris, 75012, Fr.
SOURCE: Ovulation Induction Update '98, Proceedings of the World Conference on Ovulation Induction, 2nd, Bologna, Sept. 12-13, 1997 (1998), Meeting Date 1997, 115-119. Editor(s): Filicori, Marco; Flamigni, Carlo. Parthenon Publishing: Carnforth, UK.
CODEN: 67AHAA
DOCUMENT TYPE: Conference
LANGUAGE: English
AB The authors studied the GnRH antagonist Cetrorelix in single dose administration to normal volunteers and single or dual administration in IVF-ET (in vitro fertilization-embryo transfer) studies. Based on endocrine responses, the authors suggest that clin. protocols use either a single administration of the antagonist on day 8 of stimulation or a daily treatment from day 7 until human chorionic gonadotropin administration. Results for ovulation induction using both multiple and single dose regimens are very encouraging. The use of GnRH antagonists will allow very much needed flexible regimens of ovarian superovulation using fewer doses of human menopausal gonadotropin (hMG), clomiphene citrate/hMG regimens and eventually the use of assisted reproductive techniques in non-stimulated cycles. Such low dose gonadotropin regimens are important in reducing the risk of ovarian hyperstimulation.
REFERENCE COUNT: 15 THERE ARE 15 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 10 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 1997:554033 CAPLUS
DOCUMENT NUMBER: 127:157215
ORIGINAL REFERENCE NO.: 127:30327a
TITLE: LH-RH-antagonists in the treatment of fertility disorders
INVENTOR(S): Engel, Juergen; Bouchard, Philippe Bouchard; Frydman, Rene; Diedrich, Klaus; Devroey, Paul
PATENT ASSIGNEE(S): Asta Medica Aktiengesellschaft, Germany
SOURCE: Eur. Pat. Appl., 4 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 788799	A2	19970813	EP 1997-100852	19970121
EP 788799	A3	19981021		
R: AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE				
JP 09227404	A	19970902	JP 1997-22359	19970205

PRIORITY APPLN. INFO.: US 1996-11282P P 19960207
AB This invention relates to the preparation of a medicament to be applied in the field of treating infertility disorders with or without assisted reproduction techniques. In particular the improvement is directed to use an LH-RH antagonist, preferably Cetrorelix, for preparation of an medicament applied in the method of treating infertility disorders by inducing follicle growth by administration of exogenous gonadotropins and in administering the LH-RH antagonist which contains an amount of LH-RH antagonist as low as only to suppress endogenous LH but the FSH secretion is maintained at a natural level and the individual estrogen development is not affected. When using the preparation, the follicle development must not be in each case externally stimulated (e.g. by the addition of gonadotropins) but can be maintained by endogenous gonadotropins. Advantageously the preparation can be given in the range of 0.1 to 5 mg of Cetrorelix/day during a multiple dosing posol.

L6 ANSWER 11 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1997:109247 CAPLUS
DOCUMENT NUMBER: 126:140059
ORIGINAL REFERENCE NO.: 126:26931a,26934a
TITLE: The role of GnRH during the periovulatory period: a basis for the use of GnRH antagonists in ovulation induction
AUTHOR(S): Bouchard, Ph.; Charbonnel, B.; Fraser, H.M.; Caraty, A.; Dubourdieu, S.; Leroy, I.; Olivennes, F.; Frydman, R.
CORPORATE SOURCE: Departments of Endocrinology, Hopital Saint Antoine, Paris, 75012, Fr.
SOURCE: Frontiers in Endocrinology (1995), 13(New Achievements in Research of Ovarian Function), 291-299
CODEN: FRENEZ
PUBLISHER: Ares-Serono Symposia
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The authors present evidence that continued ongoing GnRH action is required to initiate the estrogen-induced LH surge in women. Their findings also support the use of GnRH antagonists during the late follicular phase for blocking premature LH surges in women undergoing ovarian hyperstimulation regimens. If these findings are confirmed in large, randomized studies, the good tolerance and efficacy observed by the authors suggest a bright future for this product in assisted reproduction

REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 12 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604150 CAPLUS
DOCUMENT NUMBER: 123:1234
ORIGINAL REFERENCE NO.: 123:266h,267a
TITLE: Perspectives of the use of GnRH antagonists in gynecology
AUTHOR(S): Bouchard, P.; Dubourdieu, S.; Hajri, S.; Le Nestour, E.; d'Acremont, M. F.; Leroy, I.; Spitz, I. M.; Frydman, R.; Charbonnel, B.
CORPORATE SOURCE: Service Endocrinol., Hopital Bicetre, Kremlin-Bicetre, 94270, Fr.
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 265-84. Editor(s): Bouchard, Philippe. Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB The effect of a GnRH antagonist, [Ac-d2-Nal1,4CID-Phe2,D3Pal3,Arg5,D-Glu6(AA),D-Ala10]GnRH (Nal-Glu) on follicular development was studied in normal women. Results suggest that Nal-Glu has the ability to delay ovulation. In addition, coadministration of GnRH antagonist and pulsatile GnRH, uses of GnRH antagonists in contraception, and uses of GnRH antagonists in controlled ovarian hyperstimulation are discussed.

L6 ANSWER 13 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1993:16441 CAPLUS
DOCUMENT NUMBER: 118:16441
ORIGINAL REFERENCE NO.: 118:2961a,2964a
TITLE: Spontaneous luteinizing hormone surges can be reliably prevented by the timely administration of a gonadotropin releasing hormone antagonist (Nal-Glu) during the late follicular phase
AUTHOR(S): Frydman, R.; Cornel, C.; De Ziegler, D.; Taieb, J.; Spitz, I. M.; Bouchard, P.
CORPORATE SOURCE: Dep. Obstet. Gynaecol., Hop. A. Beclere, Clamart, 92141, Fr.
SOURCE: Human Reproduction (1992), 7(7), 930-3
CODEN: HUREEE; ISSN: 0268-1161
DOCUMENT TYPE: Journal
LANGUAGE: English
AB A new gonadotropin releasing hormone antagonist (Nal-Glu) was used during the late follicular phase of the natural menstrual cycle in women to prevent spontaneous surges of LH. Regularly ovulating women (group 1) received 2 injections of Nal-Glu (5 mg) administered 48 h apart when plasma estradiol levels exceeded 125 pg/mL. Human menopausal gonadotropin (HMG, 225 IU) was administered simultaneously with Nal-Glu and repeated every 12 h thereafter until either a spontaneous LH surge occurred or human chorionic gonadotropin (HCG, 5000 IU) was administered. HCG was arbitrarily administered 48 h after the second Nal-Glu injection. Six other women (group 2) receiving only HMG served as controls. In 7 of the 8 women in group 1, LH and progesterone remained low for 96 h following Nal-Glu, i.e. until HCG administration. In the remaining woman in this group, LH started to rise 12 h before HCG injection. In this group, Nal-Glu did not interfere with follicular development or the plasma profile of estradiol. All women developed 1 single dominant follicle with the exception of one subject who had already spontaneously developed 2 dominant follicles prior to administration of Nal-Glu and HMG. In group 2, LH rose spontaneously in all women before the planned HCG injection.

The luteal phase was apparently not altered by Nal-Glu. These results suggest that Nal-Glu administration during the late follicular phase of natural cycles supported by HMG, can prevent the spontaneous LH surge while not interfering with follicular growth. Therefore, timely administration of Nal-Glu in the late follicular phase of the natural cycle offers an interesting alternative in ovarian stimulation for in vitro fertilization, with or without gonadotropin down-regulation via GnRH agonist treatment.

=> dis ibib abs l9 1-13
YOU HAVE REQUESTED DATA FROM FILE 'MEDLINE, BIOSIS, CAPLUS' - CONTINUE? (Y)/N:y

L9 ANSWER 1 OF 13 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
ACCESSION NUMBER: 2008:562368 BIOSIS
DOCUMENT NUMBER: PREV200800562367
TITLE: LHRH-antagonists in the treatment of fertility disorders.
AUTHOR(S): Bouchard, Philippe [Inventor]; Anonymous; Frydman, Rene [Inventor]; Devroey, Paul [Inventor]; Diedrich, Klaus [Inventor]; Engel, Jurgen [Inventor]
CORPORATE SOURCE: Paris, France
ASSIGNEE: AEterna Zentaris GmbH
PATENT INFORMATION: US 07393834 20080701
SOURCE: Official Gazette of the United States Patent and Trademark Office Patents, (JUL 1 2008)
CODEN: OGUPE7. ISSN: 0098-1133.
DOCUMENT TYPE: Patent
LANGUAGE: English
ENTRY DATE: Entered STN: 15 Oct 2008
Last Updated on STN: 15 Oct 2008
AB A method of treating infertility disorders by 1) administering an LH-RH antagonist, preferably Cetrorelix, in amounts to selectively suppress endogenous LH but not FSH secretion and 2) inducing follicle growth by administration of exogenous gonadotropin. The selective suppression OF LH allows FSH secretion to be at natural levelS thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual subcutaneous dose in the range of 1 mg to 10 mg, preferably 2 mg-6 mg. In multiple dosing-posology, LH-RH antagonist can be administered subcutaneously in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the negative effects of HCG.

L9 ANSWER 2 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:182426 CAPLUS
DOCUMENT NUMBER: 142:233845
TITLE: LHRH-antagonists in the treatment of fertility disorders
INVENTOR(S): Bouchard, Philippe; Frydman, Rene; Devroey, Paul; Diedrich, Klaus; Engel, Jurgen
PATENT ASSIGNEE(S): Fr.
SOURCE: U.S. Pat. Appl. Publ., 7 pp., Cont. of U.S. Ser. No. 786,937.
CODEN: USXXCO

DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20050049200	A1	20050303	US 2003-661780	20030915
US 7393834	B2	20080701		

PRIORITY APPLN. INFO.: US 1996-11282P P 19960207
US 1997-786937 B2 19970122
US 1998-53152 B1 19980401

AB A method of treating infertility disorders by (1) administering an LH-RH antagonist, preferably Cetrorelix, in amts. to selectively suppress endogenous LH but not FSH secretion and (2) inducing follicle growth by administration of exogenous gonadotropin. The selective suppression OF LH allows FSH secretion to be at natural levels thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual s.c. dose in the range of 1 mg to 10 mg, preferably 2 mg-6 mg. In multiple dosing-posol., LH-RH antagonist can be administered s.c. in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the neg. effects of HCG.

REFERENCE COUNT: 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 3 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:1152730 CAPLUS
DOCUMENT NUMBER: 143:446690
TITLE: LHRH antagonist for treating infertility
INVENTOR(S): Bouchard, P.; Frydman, R.; Devroey, P.; Diedrich, K.; Engel, J.
PATENT ASSIGNEE(S): Zentaris G.m.b.h., Germany
SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu, 12 pp., Division of Faming Zhuanli 97 111,580.
CODEN: CNXXEV
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CN 1562348	A	20050112	CN 2004-10049113	19970516
CN 1199642	A	19981125	CN 1997-111580	19970516

PRIORITY APPLN. INFO.: CN 1997-111580 A3 19970516
US 1996-11282P P 19960207

AB The LHRH-antagonist, preferably Cetrorelix, can be administered in a dose capable of selectively inhibiting the secretion of endogenous LH but not FSH to maintain the FSH secretion at normal level while not influence the estrogen production In combination with the exogenous gonadotropic hormone (GTH) preparation for inducing follicular development, the LHRH-antagonist can be used for the treatment of infertility.

L9 ANSWER 4 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 2005:440014 CAPLUS
DOCUMENT NUMBER: 143:206573
TITLE: Steroid receptor expression in late follicular phase endometrium in GnRH antagonist IVF cycles is already altered, indicating initiation of early luteal phase transformation in the absence of secretory changes
AUTHOR(S): Papanikolaou, Evangelos G.; Bourgain, Claire; Kolibianakis, Efstratios; Tournaye, Herman; Devroey, Paul
CORPORATE SOURCE: University Hospital, Dutch-speaking Brussels Free University, Centre for Reproductive Medicine, Brussels, 1090, Belg.
SOURCE: Human Reproduction (2005), 20(6), 1541-1547
CODEN: HUREEE; ISSN: 0268-1161
PUBLISHER: Oxford University Press
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Ovarian stimulation for IVF profoundly alters the early luteal phase endometrial development. It has been hypothesized that this process has already started in the late follicular phase, as the endometrium has already been exposed to high steroid concns. since that phase. The aim of the present study was to prospectively investigate the effect of multi-follicular ovarian stimulation for IVF on the late follicular phase endometrium histol. and the expression of estrogen receptor (ER) and progesterone receptor (PR). In a cross-over study, 11 infertile women with normal ovulatory function, participating in an IVF program and treated with GnRH antagonist/recombinant FSH ovarian stimulation, were enrolled in the study. Endometrial biopsies were taken in a natural cycle on the day of the onset of the surge of the LH, and in a subsequent stimulation cycle on the day of hCG administration for final oocyte maturation. Endometrial histol. dating was carried out according to Noyes' criteria. Immunohistochem. was performed, using com. available antibodies for ER and PR endometrial expression. The immunohistochem. signal was recorded in 1000 epithelial cells in each compartment (glands and stroma). Endometrial expression for each of the two receptors was graded on a scale of 0-3, based on the intensity of nuclear staining. Then a score range between 0 and 3000 was recorded, and expressed as a mean score per 1000 stroma or glandular cells per sample (range: 0-3). Histol. examination of biopsies both in natural and stimulated cycles showed no secretory changes. However, in stimulated cycles, PR expression was significantly up-regulated compared to natural cycles in both glands (1.67 vs. 34) and stroma (1.98 vs. 62), whereas ER was down-regulated in glands (1.15 vs. 43). In IVF cycles, the progesterone measurements, although within normal values (range 0.8-1.4 μg/l), were significantly higher than in natural cycles (0.99 vs. 63 μg/l, resp.). An ongoing pregnancy rate of 37.5% was achieved in the stimulated cycles. Although the current study found no early secretory transformation in stimulated endometria before hCG administration, the ER and PR expression in these endometria is similar to the one described during the first days of the luteal phase in natural cycles. Supraphysiol. concns. of estradiol and subtle progesterone rises in the late follicular phase might be responsible for this modulated steroid receptor profile. This phenomenon indicates accentuated maturation of the endometrium in IVF cycles from the pre-ovulatory phase onwards.
REFERENCE COUNT: 27 THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 5 OF 13 MEDLINE on STN
ACCESSION NUMBER: 2002709676 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12470526
TITLE: Rescue IVF and coasting with the use of a GnRH antagonist after ovulation induction.

AUTHOR: Fatemi Human Mousavi; Platteau Peter; Albano Carola; Van Steirteghem Andre; Devroey Paul
CORPORATE SOURCE: Centre for Reproductive Medicine, Dutch-Speaking Free University of Brussels, Laarbeeklaan 101, 1090 Brussels, Belgium.. hmousavi@az.vub.ac.be
SOURCE: Reproductive biomedicine online, (2002 Nov-Dec) Vol. 5, No. 3, pp. 273-5.
Journal code: 101122473. ISSN: 1472-6483.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200301
ENTRY DATE: Entered STN: 17 Dec 2002
Last Updated on STN: 31 Jan 2003
Entered Medline: 30 Jan 2003

AB The major risks of exogenous gonadotrophin therapy for ovulation induction in a patient with polycystic ovaries (PCO) are multiple pregnancies and ovarian hyperstimulation syndrome (OHSS). This case report describes a 23-year-old patient, who was referred to the Centre for Reproductive Medicine in Brussels because of a high risk of developing OHSS and rising LH following ovulation induction with a low-dose step-up protocol using gonadotrophins. After counselling the patient, the decision was made to perform a rescue IVF cycle. The patient was first coasted with 0.25 mg ganirelix; the serum oestradiol concentrations decreased and the LH peak was successfully suppressed. No OHSS occurred. An ongoing twin pregnancy was achieved after the transfer of two embryos. This case report demonstrates the feasibility of coasting with LH-releasing hormone (LHRH) antagonists (0.25 mg ganirelix) and the usefulness of the antagonists for ovulation induction cycles in patients who need rescue IVF.

L9 ANSWER 6 OF 13 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2002259522 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11998957
TITLE: Plasma and follicular fluid concentrations of LHRH antagonist cetrorelix (Cetrotide) in controlled ovarian stimulation for IVF.
AUTHOR: Ludwig M; Albano C; Olivennes F; Felberbaum R E; Smitz J; Ortmann O; Romeis P; Niebch G; Pechstein B; Riethmuller-Winzen H; Devroey P; Diedrich K
CORPORATE SOURCE: Department of Gynecology and Obstetrics, Medical University of Lubeck, Germany.. Ludwig_M@t-online.de
SOURCE: Archives of gynecology and obstetrics, (2002 Jan) Vol. 266, No. 1, pp. 12-7.
Journal code: 8710213. ISSN: 0932-0067.
PUB. COUNTRY: Germany: Germany, Federal Republic of
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200210
ENTRY DATE: Entered STN: 10 May 2002
Last Updated on STN: 8 Oct 2002
Entered Medline: 4 Oct 2002

AB Cetrorelix was administered in differing daily dosages for controlled ovarian stimulation. The dosage levels were 3 mg (9 cycles), 1 mg (19 cycles), 0.5 mg (43 cycles), 0.25 mg (46 cycles) and 0.1 mg (7 cycles). In the 3 mg, 1 mg and 0.5 mg group the respective median plasma concentrations of cetrorelix on the day of oocyte pick-up (OPU) were 2.10 ng/ml, 1.42 ng/ml and 0.88 ng/ml and 1.03 ng/ml, 0.46 ng/ml and 0.49 ng/ml on the day of embryo transfer (ET). In the 0.25 mg and 0.1 mg groups

plasma cetrorelix levels were below the limit of quantification. The cetrorelix concentrations in follicular fluid (FF) in the 0.25 mg group were detectable in only 14 out of 44 samples, while in the 0.1 mg group no detectable concentrations could be obtained. We also examined 80 cycles after single doses of 5 mg (7 cycles), 3 mg (42 cycles), and 2 mg (31 cycles) cetrorelix. On the day of OPU the respective median plasma concentrations of cetrorelix were 0.57 ng/ml, 0.62 ng/ml, and 0.56 ng/ml, and 0.61 ng/ml and 0.28 ng/ml on the day of ET in the 5 mg and 3 mg groups. In the 2 mg group, the plasma concentrations fell to below limits of quantification in 8/9 samples on the day of ET. In 26 out of 27 FF samples cetrorelix was detectable in the 3 mg single dose group (median level: 0.69 ng/ml).

L9 ANSWER 7 OF 13 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 2001321910 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11163811
TITLE: Health of 227 children born after controlled ovarian stimulation for in vitro fertilization using the luteinizing hormone-releasing hormone antagonist cetrorelix.
AUTHOR: Ludwig M; Riethmuller-Winzen H; Felberbaum R E; Olivennes F; Albano C; Devroey P; Diedrich K
CORPORATE SOURCE: Department of Gynecology and Obstetrics, Medical University of Lubeck, Lubeck, Germany.. ludwig_m@t-online.de
SOURCE: Fertility and sterility, (2001 Jan) Vol. 75, No. 1, pp. 18-22.
Journal code: 0372772. ISSN: 0015-0282.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(CLINICAL TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200106
ENTRY DATE: Entered STN: 11 Jun 2001
Last Updated on STN: 11 Jun 2001
Entered Medline: 7 Jun 2001
AB OBJECTIVE: To summarize data from completed phase II and III clinical trials on children born after controlled ovarian stimulation using the luteinizing hormone-releasing hormone antagonist cetrorelix. DESIGN: All children born after ovarian stimulation in patients treated for infertility who were in prospective studies until March 23, 1999. SETTING: Academic research center. PATIENT(S): Children born after IVF or IVF plus ICSI. INTERVENTION(S): Controlled ovarian stimulation with cetrorelix in a multiple-dose or single/dual-dose protocol. MAIN OUTCOME MEASURE(S): Outcome of pregnancy and, in deliveries, the date of birth, number and sex of children born, birth weight, body length, and abnormalities were recorded. At approximately 1 year of age and 2 years of age, body weight and length and abnormalities in physical and mental development were recorded. RESULT(S): Two hundred nine and 18 children were born after fresh and frozen embryo transfers, respectively. Of the pregnancies, 76.2% (179 of 234) resulted in live birth and ectopic pregnancy occurred in 3.4% (8 of 231); one heterotopic pregnancy and four induced abortions were recorded. The malformation rate among all live births, stillbirths, and aborted fetuses was 3.1%. CONCLUSION(S): Use of cetrorelix in controlled ovarian stimulation does not harm the subsequently born children.

L9 ANSWER 8 OF 13 MEDLINE on STN DUPLICATE 3
ACCESSION NUMBER: 2000153527 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10686191
TITLE: Ovarian stimulation with HMG: results of a prospective

randomized phase III European study comparing the luteinizing hormone-releasing hormone (LHRH)-antagonist cetrorelix and the LHRH-agonist buserelin. European Cetrorelix Study Group.

AUTHOR: Albano C; Felberbaum R E; Smitz J; Riethmuller-Winzen H; Engel J; Diedrich K; Devroey P

CORPORATE SOURCE: Centre for Reproductive Medicine, Dutch-speaking Brussels Free University, Belgium.

SOURCE: Human reproduction (Oxford, England), (2000 Mar) Vol. 15, No. 3, pp. 526-31.
Journal code: 8701199. ISSN: 0268-1161.

PUB. COUNTRY: ENGLAND: United Kingdom

DOCUMENT TYPE: (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE III)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200004

ENTRY DATE: Entered STN: 5 May 2000
Last Updated on STN: 5 Apr 2002
Entered Medline: 25 Apr 2000

AB In this prospective and randomized study, 188 patients received the luteinizing hormone-releasing hormone (LHRH) antagonist cetrorelix, and 85 patients the LHRH agonist buserelin to prevent endogenous luteinizing hormone (LH) surges during ovarian stimulation in in-vitro fertilization (IVF)/intracytoplasmic sperm injection (ICSI) cycles. Ultimately, 181 patients (96.3%) in the cetrorelix group, and 77 (90.6%) in the buserelin group, reached the day of the human chorionic gonadotrophin (HCG) injection. The mean number of human menopausal gonadotrophin (HMG) ampoules administered and the mean number of stimulation days with HMG were significantly less in the cetrorelix group than in the buserelin group ($P < 0.01$). A rise in LH and progesterone concentrations was observed in three of the 188 patients (1.6%) who received cetrorelix. On the day of the HCG administration, more follicles of a small diameter (11-14 mm) were observed in the buserelin group than in the cetrorelix group ($P = 0. 02$) and the mean serum oestradiol concentration was significantly higher in patients who received buserelin than in those who received cetrorelix ($P < 0.01$). Similar results were observed in fertilization, cleavage and pregnancy rates in the two groups. In conclusion, the use of the LHRH antagonists might be considered more advantageous because of the short-term application needed to inhibit gonadotrophin secretion, so allowing a reduction in the treatment time in a clinically significant manner.

L9 ANSWER 9 OF 13 MEDLINE on STN DUPLICATE 4

ACCESSION NUMBER: 2001072659 MEDLINE

DOCUMENT NUMBER: PubMed ID: 10985616

TITLE: Significant reduction of the incidence of ovarian hyperstimulation syndrome (OHSS) by using the LHRH antagonist Cetrorelix (Cetrotide) in controlled ovarian stimulation for assisted reproduction.

AUTHOR: Ludwig M; Felberbaum R E; Devroey P; Albano C; Riethmuller-Winzen H; Schuler A; Engel W; Diedrich K

CORPORATE SOURCE: Klinik fur Frauenheilkunde und Geburtshife, Medizinische Universisitat Lybeck.. Ludwig_M@t-online.de

SOURCE: Archives of gynecology and obstetrics, (2000 Jul) Vol. 264, No. 1, pp. 29-32.
Journal code: 8710213. ISSN: 0932-0067.

PUB. COUNTRY: GERMANY: Germany, Federal Republic of

DOCUMENT TYPE: (CLINICAL TRIAL)

(CLINICAL TRIAL, PHASE III)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200101
ENTRY DATE: Entered STN: 22 Mar 2001
Last Updated on STN: 22 Mar 2001
Entered Medline: 4 Jan 2001

AB A prospective, randomized study was performed to compare the efficiency of hormonal stimulation for IVF (in vitro fertilization) in either the long luteal protocol, using the LHRH agonist Buserelin, or the multiple dose LHRH antagonist protocol, using the LHRH antagonist Cetrorelix. Here we present the data on the incidence of ovarian hyperstimulation syndromes (OHSS). 85 and 188 patients were recruited for the stimulation in the LHRH agonist and in the LHRH antagonist protocol, respectively. The groups were comparable regarding anamnestic data. The incidence of WHO degrees II and degrees III OHSS was significantly lower in the Cetrorelix than in the Buserelin group (1.1% vs. 6.5%, p=0.03). Additionally 3 patients in the Cetrorelix group (1.6%) and 5 patients in the Buserelin group (5.9%) did not receive hCG because of a threatening OHSS. The follicle maturation was more homogeneous in the Cetrorelix protocol, with less small follicles on the day of hCG administration but a similar number of oocyte cumulus complexes retrieved. The pregnancy rates per cycle were not significantly different in the Cetrorelix and Buserelin protocol (22% vs. 26%). The Cetrorelix multiple dose protocol is advantageous compared to the long protocol regarding the incidence of OHSS, a potentially life threatening complication of controlled ovarian stimulation.

L9 ANSWER 10 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1999:538778 CAPLUS
DOCUMENT NUMBER: 131:139954
TITLE: LHRH antagonists in the treatment of fertility disorders
INVENTOR(S): Bouchard, Philippe; Frydman, Rene; Diedrich, Klaus; Engel, Jurgen; Devroey, Paul
PATENT ASSIGNEE(S): Asta Medica AG, Germany
SOURCE: Can. Pat. Appl., 15 pp.
CODEN: CPXXEB
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
CA 2200541	A1	19980722	CA 1997-2200541		19970320
PRIORITY APPLN. INFO.:			US 1997-786937	A	19970122

AB A method of treating infertility disorders by administering an LH-RH antagonist, preferably Cetrorelix, in amts. to selectively suppress endogenous LH but not FSH secretion and inducing follicle growth by administration of exogenous gonadotropin. The selective suppression of LH allows FSH secretion to be at natural levels thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual s.c. dose in the range of 1 mg to 10 mg, preferably 2 mg - 6 mg. In multiple dosing posol., LH-RH antagonist can be administered s.c. in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given

to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the neg. effects of HCG.

L9 ANSWER 11 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1997:554033 CAPLUS
DOCUMENT NUMBER: 127:157215
ORIGINAL REFERENCE NO.: 127:30327a
TITLE: LH-RH-antagonists in the treatment of fertility disorders
INVENTOR(S): Engel, Juergen; Bouchard, Philippe Bouchard; Frydman, Rene; Diedrich, Klaus; Devroey, Paul
PATENT ASSIGNEE(S): Asta Medica Aktiengesellschaft, Germany
SOURCE: Eur. Pat. Appl., 4 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 788799	A2	19970813	EP 1997-100852	19970121
EP 788799	A3	19981021		
R: AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE				
JP 09227404	A	19970902	JP 1997-22359	19970205

PRIORITY APPLN. INFO.: US 1996-11282P P 19960207
AB This invention relates to the preparation of a medicament to be applied in the field of treating infertility disorders with or without assisted reproduction techniques. In particular the improvement is directed to use an LH-RH antagonist, preferably Cetrorelix, for preparation of an medicament applied in the method of treating infertility disorders by inducing follicle growth by administration of exogenous gonadotropins and in administering the LH-RH antagonist which contains an amount of LH-RH antagonist as low as only to suppress endogenous LH but the FSH secretion is maintained at a natural level and the individual estrogen development is not affected. When using the preparation, the follicle development must not be in each case externally stimulated (e.g. by the addition of gonadotropins) but can be maintained by endogenous gonadotropins. Advantageously the preparation can be given in the range of 0.1 to 5 mg of Cetrorelix/day during a multiple dosing posol.

L9 ANSWER 12 OF 13 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1997:1819 CAPLUS
DOCUMENT NUMBER: 126:55018
ORIGINAL REFERENCE NO.: 126:10715a,10718a
TITLE: Hormonal profile during the follicular phase in cycles stimulated with a combination of human menopausal gonadotropin and gonadotropin-releasing hormone antagonist (Cetrorelix)
AUTHOR(S): Albano, C.; Smitz, J.; Camus, M.; Riethmuller-Winzen, H.; Siebert-Weigel, M.; Diedrich, K.; Van Steirteghem, A. C.; Devroey, P.
CORPORATE SOURCE: Centre for Reproductive Medicine, University Hospital and Medical School, Dutch-speaking Brussels Free University, Brussels, 1090, Belg.
SOURCE: Human Reproduction (1996), 11(10), 2114-2118
CODEN: HUREEE; ISSN: 0268-1161
PUBLISHER: Oxford University Press
DOCUMENT TYPE: Journal
LANGUAGE: English
AB A third-generation gonadotropin-releasing hormone antagonist (Cetrorelix)

was used during ovarian stimulation in 32 patients undergoing assisted reproduction, to prevent the premature LH surge. In all patients, ovarian stimulation was carried out with two or three ampoules of human menopausal gonadotropin (HMG), starting on day 2 of the menstrual cycle. In addition, 0.5 mg of Cetrorelix was administered daily from day 6 of HMG treatment until the day of ovulation induction by human chorionic gonadotropin (HCG). A significant drop in plasma LH concentration was observed within a few hours of the first administration of Cetrorelix. Moreover, no LH surge was detected at any point in the treatment period in any of the 32 patients. A mean estradiol concentration of 2122±935 ng/l was observed on the day of the HCG administration, indicating normal folliculogenesis. Like LH, progesterone concentration also dropped within a few hours of the first administration of Cetrorelix. A 0.5 mg daily dose of Cetrorelix prevented a premature LH surge in all the 32 patients treated.

L9 ANSWER 13 OF 13 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN

ACCESSION NUMBER: 1994:488648 BIOSIS
DOCUMENT NUMBER: PREV199497501648
TITLE: The use of recombinant FSH for ovulation induction.
AUTHOR(S): Smitz, Johan [Reprint author]; Devroey, P.; Mannaerts, B.; Coeling-Bennink, H.; Van Steirteghem, A. C.
CORPORATE SOURCE: Centre Reproductive Med. Acad. Hosp., Laarbeeklaan 101 B-1090 Brussels, Belgium
SOURCE: Annales d'Endocrinologie, (1994) Vol. 55, No. 2, pp. 79-83. CODEN: ANENAG. ISSN: 0003-4266.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 9 Nov 1994
Last Updated on STN: 10 Nov 1994

AB Recombinant human FSH (rec FSH) was tested in a phase II study in 50 couples superovulated for IVF. Rec FSH alone was used in 10 women (Group 1). Intranasal buserelin spray (150 mu-g times 4 daily) was used in a flare-up protocol (10 women; Group 2) or in a desensitization protocol (10 women; Group 3) in combination with rec FSH. Desensitization using Triptorelin depot (3.75 mg IM) followed by rec FSH was given to 10 women (Group 4), while the same agonist was used subcutaneously (200 mu-g/daily) in Group 5 (10 women). In the five groups rec FSH induced multiple follicular growth. Significantly more ampoules rec FSH were required when a GnRH agonist was used. In all groups 9 to 11 mature oocytes were retrieved per cycle. In 6 couples there was an absence of fertilization due to severe sperm anomalies (5 couples); one couple suffered from idiopathic infertility. Fertilization and cleavage was normal in 44 couples. Forty-three transfers of 2.3 to 2.8 embryos yielded 10 pregnancies. Nine healthy babies were born. Superovulation for IVF was successful and safe by using rec FSH alone or in combination with various GnRHa dosages and protocols.

=> dis ibib abs l14 1-18
YOU HAVE REQUESTED DATA FROM FILE 'MEDLINE, BIOSIS, CAPLUS' - CONTINUE? (Y)/N:y

L14 ANSWER 1 OF 18 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN

ACCESSION NUMBER: 2008:562368 BIOSIS
DOCUMENT NUMBER: PREV200800562367
TITLE: LHRH-antagonists in the treatment of fertility disorders.
AUTHOR(S): Bouchard, Philippe [Inventor]; Anonymous; Frydman, Rene [Inventor]; Devroey, Paul [Inventor];

Diedrich, Klaus [Inventor]; Engel, Jurgen [Inventor]
CORPORATE SOURCE: Paris, France
ASSIGNEE: AEterna Zentaris GmbH
PATENT INFORMATION: US 07393834 20080701
SOURCE: Official Gazette of the United States Patent and Trademark Office Patents, (JUL 1 2008)
CODEN: OGUPE7. ISSN: 0098-1133.
DOCUMENT TYPE: Patent
LANGUAGE: English
ENTRY DATE: Entered STN: 15 Oct 2008
Last Updated on STN: 15 Oct 2008

AB A method of treating infertility disorders by 1) administering an LH-RH antagonist, preferably Cetrorelix, in amounts to selectively suppress endogenous LH but not FSH secretion and 2) inducing follicle growth by administration of exogenous gonadotropin. The selective suppression OF LH allows FSH secretion to be at natural levelS thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual subcutaneous dose in the range of 1 mg to 10 mg, preferably 2 mg-6 mg. In multiple dosing-posology, LH-RH antagonist can be administered subcutaneously in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the negative effects of HCG.

L14 ANSWER 2 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:182426 CAPLUS
DOCUMENT NUMBER: 142:233845
TITLE: LHRH-antagonists in the treatment of fertility disorders
INVENTOR(S): Bouchard, Philippe; Frydman, Rene; Devroey, Paul; Diedrich, Klaus; Engel, Jurgen
PATENT ASSIGNEE(S): Fr.
SOURCE: U.S. Pat. Appl. Publ., 7 pp., Cont. of U.S. Ser. No. 786,937.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 20050049200	A1	20050303	US 2003-661780	20030915
US 7393834	B2	20080701		
PRIORITY APPLN. INFO.:			US 1996-11282P	P 19960207
			US 1997-786937	B2 19970122
			US 1998-53152	B1 19980401

AB A method of treating infertility disorders by (1) administering an LH-RH antagonist, preferably Cetrorelix, in amts. to selectively suppress endogenous LH but not FSH secretion and (2) inducing follicle growth by administration of exogenous gonadotropin. The selective suppression OF LH allows FSH secretion to be at natural levels thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual s.c. dose in the range of 1 mg to 10 mg, preferably 2 mg-6 mg. In multiple dosing-posol., LH-RH antagonist can be administered s.c. in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation

cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the neg. effects of HCG.

REFERENCE COUNT: 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 3 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:1152730 CAPLUS
DOCUMENT NUMBER: 143:446690
TITLE: LHRH antagonist for treating infertility
INVENTOR(S): Bouchard, P.; Frydman, R.; Devroey, P.; Diedrich, K.; Engel, J.
PATENT ASSIGNEE(S): Zentaris G.m.b.h., Germany
SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu, 12 pp., Division of Faming Zhuanli 97 111,580.
CODEN: CNXXEV
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
CN 1562348	A	20050112	CN 2004-10049113		19970516
CN 1199642	A	19981125	CN 1997-111580		19970516
PRIORITY APPLN. INFO.:			CN 1997-111580	A3	19970516
			US 1996-11282P	P	19960207

AB The LHRH-antagonist, preferably Cetrorelix, can be administered in a dose capable of selectively inhibiting the secretion of endogenous LH but not FSH to maintain the FSH secretion at normal level while not influence the estrogen production In combination with the exogenous gonadotropic hormone (GTH) preparation for inducing follicular development, the LHRH-antagonist can be used for the treatment of infertility.

L14 ANSWER 4 OF 18 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2001065301 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10972520
TITLE: The LHRH antagonist cetrorelix: a review.
AUTHOR: Reissmann T; Schally A V; Bouchard P; Riethmiiller H; Engel J
CORPORATE SOURCE: Corporate Research and Development, ASTA Medica AG, Frankfurt, Germany.. Dr_Thomas.Reissmann@astamedica.de
SOURCE: Human reproduction update, (2000 Jul-Aug) Vol. 6, No. 4, pp. 322-31. Ref: 58
Journal code: 9507614. ISSN: 1355-4786.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200012
ENTRY DATE: Entered STN: 22 Mar 2001
Last Updated on STN: 22 Mar 2001
Entered Medline: 22 Dec 2000

AB In those clinical situations in which an immediate and profound suppression of gonadotrophins is desired, LHRH agonists have the disadvantage of producing an initial stimulatory effect on hormone

secretion. Therefore, the use of GnRH antagonists which cause an immediate and dose-related inhibition of LH and FSH by competitive blockade of the receptors is much more advantageous. One of the most advanced antagonist produced to date is Cetrorelix, a decapeptide which has been shown to be safe and effective in inhibiting LH and sex-steroid secretion in a variety of animal species and in clinical studies as well. Clinical trials in patients suffering from advanced carcinoma of the prostate, benign prostate hyperplasia, and ovarian cancer are currently in progress and have already shown the usefulness of this new treatment modality. In particular, the concept that a complete suppression of sex-steroids may not be necessary in indications such as uterine fibroma, endometriosis and benign prostatic hyperplasia represents a promising novel perspective for treatment of these diseases. Following completion of phase III trials in controlled ovarian stimulation for IVF regimens, Cetrorelix was given marketing approval and, thus, became the first LHRH antagonist available clinically.

L14 ANSWER 5 OF 18 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
ACCESSION NUMBER: 2000:131344 BIOSIS
DOCUMENT NUMBER: PREV200000131344
TITLE: Prospective, randomized, controlled study of in vitro fertilization-embryo transfer with a single dose of a luteinizing hormone-releasing hormone (LH-RH) antagonist (cetrorelix) or a depot formula of an LH-RH agonist (triptorelin).
AUTHOR(S): Olivennes, Francois [Reprint author]; Belaisch-Allart, Joelle; Emperaire, Jean-Claude; Dechaud, Herve; Alvarez, Sylvia; Moreau, Laurence; Nicollet, Bernard; Zorn, Jean-Rene; Bouchard, Philippe; Frydman, Rene
CORPORATE SOURCE: Service de Gynecologie-Obstetrique, Hopital A. Beclere, 157, Rue de la Porte De Trivaux, 92140, Clamart Cedex, France
SOURCE: Fertility and Sterility, (Feb., 2000) Vol. 73, No. 2, pp. 314-320. print.
CODEN: FESTAS. ISSN: 0015-0282.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Apr 2000
Last Updated on STN: 4 Jan 2002
AB Objective: To confirm the value of a single dose of 3 mg of cetrorelix in preventing the occurrence of premature LH surges. Design: Multicenter randomized, prospective study. Setting: Reproductive medicine units. Patient(s): Infertile patients undergoing ovarian stimulation for IVF-ET. Intervention(s): A single dose of 3 mg of cetrorelix (Cetrotide; ASTA Medica, Frankfurt, Germany) (115 patients) was administered in the late follicular phase. A depot preparation of triptorelin (Decapeptyl; Ipsen-Biotech, Paris, France) was chosen as a control agent (39 patients). Ovarian stimulation was conducted with hMG (Menogon; Ferring, Kiel, Germany). Main Outcome Measure(s): Premature LH surges (LH level >10 IU/L), progesterone level greater than 1 ng/L, and IVF results. Result(s): No LH surge occurred after cetrorelix administration. The patients in the cetrorelix group had a lower number of oocytes and embryos. The percentage of mature oocytes and fertilization rates were similar in both groups, and the pregnancy rates were not statistically different. The length of stimulation, number of hMG ampules administered, and occurrence of the ovarian hyperstimulation syndrome were lower in the cetrorelix group. Tolerance of cetrorelix was excellent. Conclusion(s): A cetrorelix single-dose protocol prevented LH surges in all patients studied. It compares favorably to the "long protocol" and could be a protocol of choice in IVF-ET.

L14 ANSWER 6 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN

ACCESSION NUMBER: 1999:538778 CAPLUS
DOCUMENT NUMBER: 131:139954
TITLE: LHRH antagonists in the treatment of fertility disorders
INVENTOR(S): Bouchard, Philippe; Frydman, Rene; Diedrich, Klaus; Engel, Jurgen; Devroey, Paul
PATENT ASSIGNEE(S): Asta Medica AG, Germany
SOURCE: Can. Pat. Appl., 15 pp.
CODEN: CPXXEB
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CA 2200541	A1	19980722	CA 1997-2200541	19970320
PRIORITY APPLN. INFO.:			US 1997-786937 A	19970122

AB A method of treating infertility disorders by administering an LH-RH antagonist, preferably Cetrorelix, in amts. to selectively suppress endogenous LH but not FSH secretion and inducing follicle growth by administration of exogenous gonadotropin. The selective suppression of LH allows FSH secretion to be at natural levels thereby not affecting individual estrogen development. The LH-RH antagonist can be given as a single or dual s.c. dose in the range of 1 mg to 10 mg, preferably 2 mg - 6 mg. In multiple dosing posol., LH-RH antagonist can be administered s.c. in an amount in the range of 0.1 to 0.5 mg of LH-RH antagonist/day. LH-RH antagonist is applied starting cycle day 1 to 10, preferably on day 4 to 8, and ovulation can be induced between day 9 and 20 of the menstruation cycle by administering rec. LH, native LH-RH, LH-RH agonist or by HCG. In addition rec. LH, native LH-RH or LH-RH agonist can be given to avoid hyperstimulation syndrome and native LH-RH or a LH-RH agonist can be administered to avoid luteal phase stimulation by neutralizing the neg. effects of HCG.

L14 ANSWER 7 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1998:785333 CAPLUS
DOCUMENT NUMBER: 130:163389
TITLE: Endocrine features of combined gonadotropin and GnRH antagonist ovulation induction
AUTHOR(S): Bouchard, P.; Olivennes, F.; Christin-Maitre, S.; Chabbert-Buffet, N.; Frydman, R.
CORPORATE SOURCE: Department of Endocrinology, Hospital Saint Antoine, Paris, 75012, Fr.
SOURCE: Ovulation Induction Update '98, Proceedings of the World Conference on Ovulation Induction, 2nd, Bologna, Sept. 12-13, 1997 (1998), Meeting Date 1997, 115-119. Editor(s): Filicori, Marco; Flamigni, Carlo. Parthenon Publishing: Carnforth, UK.
CODEN: 67AHAA
DOCUMENT TYPE: Conference
LANGUAGE: English
AB The authors studied the GnRH antagonist Cetrorelix in single dose administration to normal volunteers and single or dual administration in IVF-ET (in vitro fertilization-embryo transfer) studies. Based on endocrine responses, the authors suggest that clin. protocols use either a single administration of the antagonist on day 8 of stimulation or a daily treatment from day 7 until human chorionic gonadotropin administration. Results for ovulation induction using both multiple and single dose regimens are very encouraging. The use of GnRH antagonists will allow very much needed flexible regimens of ovarian superovulation using fewer doses of human menopausal gonadotropin (hMG), clomiphene citrate/hMG

regimens and eventually the use of assisted reproductive techniques in non-stimulated cycles. Such low dose gonadotropin regimens are important in reducing the risk of ovarian hyperstimulation.

REFERENCE COUNT: 15 THERE ARE 15 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 8 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1997:554033 CAPLUS
DOCUMENT NUMBER: 127:157215
ORIGINAL REFERENCE NO.: 127:30327a
TITLE: LH-RH-antagonists in the treatment of fertility disorders
INVENTOR(S): Engel, Juergen; Bouchard, Philippe Bouchard; Frydman, Rene; Diedrich, Klaus; Devroey, Paul
PATENT ASSIGNEE(S): Asta Medica Aktiengesellschaft, Germany
SOURCE: Eur. Pat. Appl., 4 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 788799	A2	19970813	EP 1997-100852	19970121
EP 788799	A3	19981021		
R: AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE				
JP 09227404	A	19970902	JP 1997-22359	19970205

PRIORITY APPLN. INFO.: US 1996-11282P P 19960207

AB This invention relates to the preparation of a medicament to be applied in the field of treating infertility disorders with or without assisted reproduction techniques. In particular the improvement is directed to use an LH-RH antagonist, preferably Cetrorelix, for preparation of an medicament applied in the method of treating infertility disorders by inducing follicle growth by administration of exogenous gonadotropins and in administering the LH-RH antagonist which contains an amount of LH-RH antagonist as low as only to suppress endogenous LH but the FSH secretion is maintained at a natural level and the individual estrogen development is not affected. When using the preparation, the follicle development must not be in each case externally stimulated (e.g. by the addition of gonadotropins) but can be maintained by endogenous gonadotropins. Advantageously the preparation can be given in the range of 0.1 to 5 mg of Cetrorelix/day during a multiple dosing posol.

L14 ANSWER 9 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1997:109247 CAPLUS
DOCUMENT NUMBER: 126:140059
ORIGINAL REFERENCE NO.: 126:26931a,26934a
TITLE: The role of GnRH during the periovulatory period: a basis for the use of GnRH antagonists in ovulation induction
AUTHOR(S): Bouchard, Ph.; Charbonnel, B.; Fraser, H.M.; Caraty, A.; Dubourdieu, S.; Leroy, I.; Olivennes, F.; Frydman, R.
CORPORATE SOURCE: Departments of Endocrinology, Hopital Saint Antoine, Paris, 75012, Fr.
SOURCE: Frontiers in Endocrinology (1995), 13(New Achievements in Research of Ovarian Function), 291-299
CODEN: FRENEZ
PUBLISHER: Ares-Serono Symposia
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The authors present evidence that continued ongoing GnRH action is required to initiate the estrogen-induced LH surge in women. Their findings also support the use of GnRH antagonists during the late follicular phase for blocking premature LH surges in women undergoing ovarian hyperstimulation regimens. If these findings are confirmed in large, randomized studies, the good tolerance and efficacy observed by the authors suggest a bright future for this product in assisted reproduction
REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 10 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604153 CAPLUS
DOCUMENT NUMBER: 123:1187
ORIGINAL REFERENCE NO.: 123:251a,254a
TITLE: The physicochemical properties and the biological activities of A-75998: an antagonist of gonadotropin releasing hormone
AUTHOR(S): Haviv, F.; Fitzpatrick, T. D.; Nichols, C. J.; Swenson, R. E.; Mort, N. A.; Bush, E. N.; Diaz, G. J.; Nguyen, H. A.; Love, S. K.; et al.
CORPORATE SOURCE: Dep. 46Y, Abbott Lab., Abbott Park, IL, 60064-3500, USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 303-9. Editor(s): Bouchard, Philippe. Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference
LANGUAGE: English
AB Among several GnRH antagonists prepared, A-75998 was found to be potent and safe, with an NMeTyr5 moiety which appears to produce 3 major effects: it favors the bioactive conformation thereby raising potency, it retards enzymic cleavage of the Ser4-Tyr5 bond, thus increasing the duration of action, and it improves water solubility

L14 ANSWER 11 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604152 CAPLUS
DOCUMENT NUMBER: 123:1380
ORIGINAL REFERENCE NO.: 123:303a,306a
TITLE: Evaluation of a GnRH antagonist in treating gonadotroph adenomas using a new technique for quantitation of pituitary adenoma size
AUTHOR(S): McGrath, G. A.; Goncalves, R. J.; Udupa, J. K.; Grossman, R. I.; Pavlou, S. N.; Molitch, M. E.; Rivier, J.; Vale, W. W.; Snyder, P. J.
CORPORATE SOURCE: Sch. Med., Univ. Pennsylvania, Philadelphia, PA, 19104, USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 293-302. Editor(s): Bouchard, Philippe . Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference
LANGUAGE: English
AB Nal-Glu-GnRH was administered to 5 men with gonadotroph adenomas. Treatment for 3-12 mo did not decrease the size of the adenomas, even though initially above normal serum FSH concns. are persistently suppressed. FSH secretion by these adenomas may be dependent on endogenous GnRH secretion, but the adenoma growth might not be. The technique developed for this study using the Softvu computer program provides a more objective and more precise method of calculating pituitary adenoma volume

L14 ANSWER 12 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604151 CAPLUS
DOCUMENT NUMBER: 123:1057
ORIGINAL REFERENCE NO.: 123:235a,238a
TITLE: Clinical applications of GnRH antagonists in men
AUTHOR(S): Pavlou, S. N.; Sharp, S. C.
CORPORATE SOURCE: Beth Israel Hosp., boston, MA, 02215., USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 285-92. Editor(s): Bouchard, Philippe . Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A review, with 46 refs., on the mechanism of action of GnRH antagonists and their clin. applications, including problems such as mast cell degranulation resulting from GnRH antagonists initially developed.

L14 ANSWER 13 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604150 CAPLUS
DOCUMENT NUMBER: 123:1234
ORIGINAL REFERENCE NO.: 123:266h,267a
TITLE: Perspectives of the use of GnRH antagonists in gynecology
AUTHOR(S): Bouchard, P.; Dubourdieu, S.; Hajri, S.; Le Nestour, E.; d'Acremont, M. F.; Leroy, I.; Spitz, I. M.; Frydman, R.; Charbonnel, B.
CORPORATE SOURCE: Service Endocrinol., Hopital Bicetre, Kremlin-Bicetre, 94270, Fr.
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 265-84. Editor(s): Bouchard, Philippe . Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB The effect of a GnRH antagonist, [Ac-d2-Nal1,4CID-Phe2,D3Pal3,Arg5,D-Glu6(AA),D-Ala10]GnRH (Nal-Glu) on follicular development was studied in normal women. Results suggest that Nal-Glu has the ability to delay ovulation. In addition, coadministration of GnRH antagonist and pulsatile GnRH, uses of GnRH antagonists in contraception, and uses of GnRH antagonists in controlled ovarian hyperstimulation are discussed.

L14 ANSWER 14 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604148 CAPLUS
DOCUMENT NUMBER: 123:1055
ORIGINAL REFERENCE NO.: 123:231a,234a
TITLE: The combined use of GnRH antagonists with gonadotropins or pulsatile GnRH in ovulation induction
AUTHOR(S): Gordon, K.; Danforth, D. R.; Williams, R. F.; Hodgen, G. D.
CORPORATE SOURCE: Jones Inst. Reprod. Med., Eastern Virginia Med. Sch., Norfold, VA, 23507, USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 239-47. Editor(s): Bouchard, Philippe . Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A review, with 34 refs., on demonstration of the utility and feasibility

of using GnRH antagonists as part of various ovulation induction regimens in a primate model.

L14 ANSWER 15 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1995:604145 CAPLUS
DOCUMENT NUMBER: 123:1052
ORIGINAL REFERENCE NO.: 123:231a,234a
TITLE: Progress in the design of GnRH antagonists
AUTHOR(S): Karten, M. J.; Rivier, C.; Folkers, K.; Bowers, C. Y.; Hook, W.; Rivier, J.
CORPORATE SOURCE: Contraceptive Dev. Branch, Natl. Inst. health, Rockville, MD, 20892, USA
SOURCE: GnRH, GnRH Analogs, Gonadotropins Gonadal Pept., Proc. Organon Round Table Conf., 3rd (1993), Meeting Date 1992, 205-9. Editor(s): Bouchard, Philippe. Parthenon Publ.: London, UK.
CODEN: 61MSAR
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A review, with 12 refs., on the design of GnRH antagonists. The development of azaline B and the effects of modifications of antide at positions 1, 5, 6, and 8 are discussed.

L14 ANSWER 16 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1993:16441 CAPLUS
DOCUMENT NUMBER: 118:16441
ORIGINAL REFERENCE NO.: 118:2961a,2964a
TITLE: Spontaneous luteinizing hormone surges can be reliably prevented by the timely administration of a gonadotropin releasing hormone antagonist (Nal-Glu) during the late follicular phase
AUTHOR(S): Frydman, R.; Cornel, C.; De Ziegler, D.; Taieb, J.; Spitz, I. M.; Bouchard, P.
CORPORATE SOURCE: Dep. Obstet. Gynaecol., Hop. A. Beclere, Clamart, 92141, Fr.
SOURCE: Human Reproduction (1992), 7(7), 930-3
CODEN: HUREEE; ISSN: 0268-1161
DOCUMENT TYPE: Journal
LANGUAGE: English
AB A new gonadotropin releasing hormone antagonist (Nal-Glu) was used during the late follicular phase of the natural menstrual cycle in women to prevent spontaneous surges of LH. Regularly ovulating women (group 1) received 2 injections of Nal-Glu (5 mg) administered 48 h apart when plasma estradiol levels exceeded 125 pg/mL. Human menopausal gonadotropin (HMG, 225 IU) was administered simultaneously with Nal-Glu and repeated every 12 h thereafter until either a spontaneous LH surge occurred or human chorionic gonadotropin (HCG, 5000 IU) was administered. HCG was arbitrarily administered 48 h after the second Nal-Glu injection. Six other women (group 2) receiving only HMG served as controls. In 7 of the 8 women in group 1, LH and progesterone remained low for 96 h following Nal-Glu, i.e. until HCG administration. In the remaining woman in this group, LH started to rise 12 h before HCG injection. In this group, Nal-Glu did not interfere with follicular development or the plasma profile of estradiol. All women developed 1 single dominant follicle with the exception of one subject who had already spontaneously developed 2 dominant follicles prior to administration of Nal-Glu and HMG. In group 2, LH rose spontaneously in all women before the planned HCG injection. The luteal phase was apparently not altered by Nal-Glu. These results suggest that Nal-Glu administration during the late follicular phase of natural cycles supported by HMG, can prevent the spontaneous LH surge while not interfering with follicular growth. Therefore, timely administration of Nal-Glu in the late follicular phase of the natural

cycle offers an interesting alternative in ovarian stimulation for in vitro fertilization, with or without gonadotropin down-regulation via GnRH agonist treatment.

L14 ANSWER 17 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1991:841 CAPLUS
DOCUMENT NUMBER: 114:841
ORIGINAL REFERENCE NO.: 114:178h,179a
TITLE: Gonadotropin-releasing hormone (GnRH) agonists and GnRH antagonists do not alter endogenous GnRH secretion in short-term castrated rams
AUTHOR(S): Caraty, Alain; Locatelli, Alain; Delaleu, Bernadette; Spitz, Irving M.; Schatz, Bernard; Bouchard, Philippe
CORPORATE SOURCE: Stn. Physiol. Reprod., Inst. Natl. Rech. Agron., Nouzilly, 37380, Fr.
SOURCE: Endocrinology (1990), 127(5), 2523-9
CODEN: ENDOAO; ISSN: 0013-7227
DOCUMENT TYPE: Journal
LANGUAGE: English
AB To determine if GnRH analogs act on GnRH secretion through a short or ultrashort loop feedback mechanism, expts. were performed to analyze GnRH secretion in hypophyseal portal blood of conscious short-term castrated rams under both agonist or antagonist treatment. In Study 1, rams were castrated and surgically prepared for portal blood collection on day -7. Portal and peripheral blood were collected simultaneously every 10 min for 14-15 h on day 0. Five h after the beginning of the portal blood collection, animals were injected i.m. with 5 mg potent GnRH antagonist (Nal-Glu). In Study 2, rams were treated daily from day -11 to day 0 with the GnRH agonist D-Trp6 GnRH (0.5 mg i.m.). Castration and surgical preparation for portal blood collection were performed on day -7. On day 0 portal and peripheral blood were collected simultaneously every 10 min for 10-11 h. In both studies, to determine whether an increase in GnRH concentration in hypophyseal portal blood can overcome the inhibitory effect of the GnRH analogs, between 5 and 5.5 h after the injection of the analogs, endogenous GnRH secretion was stimulated by naloxone administration (3 + 100 mg, i.v., at 30-min intervals) followed by a bolus of exogenous GnRH (2 + 10 μg, i.v., at 30-min intervals). In study 1, Nal-Glu administration led to a rapid cessation of pulsatile LH secretion for the duration of blood collection, whereas GnRH pulse frequency and amplitude were not affected. GnRH and LH pulse frequency before and after Nal-Glu administration were, 6.2 vs. 5.7 and 5.3 vs. 0.3 pulses/6 h, resp. In Study 2, peripheral LH secretion was completely suppressed, whereas GnRH secretion (portal blood) remained pulsatile. GnRH pulses frequency and pulse amplitude were 4.3 pulses/6 h and 43.0 7 pg/mL, resp. In both expts., neither stimulation of endogenous GnRH secretion by naloxone nor administration of exogenous GnRH allowed reinitiation of LH secretion. However, addnl. studies in animals of each treatment group (study III) showed that this was clearly a dose-related effect in antagonist treated but not in agonist-treated animals since higher doses of exogenous GnRH (i.e. 100 μg or 1000 μg) can increase LH levels. Thus, in short-term castrated ram, neither GnRH agonist nor GnRH antagonist administration affect endogenous GnRH secretion either directly by an action on GnRH neurons or indirectly by a decrease in LH secretion. These results, therefore, do not support a role for both a short loop and ultrashort loop feedback mechanism in castrated rams.

L14 ANSWER 18 OF 18 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 1988:486350 CAPLUS
DOCUMENT NUMBER: 109:86350
ORIGINAL REFERENCE NO.: 109:14267a,14270a

TITLE: Inhibition of ovulation: comparison between the mechanism of action of steroids and GnRH analogs
AUTHOR(S): Bouchard, P.; Wolf, J. P.; Hajri, S.
CORPORATE SOURCE: Lab. Histol.-Embryol., Hop. Bicetre, Le Kremlin Bicetre, 94270, Fr.
SOURCE: Human Reproduction (1988), 3(4), 503-6
CODEN: HUREEE; ISSN: 0268-1161
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review with 25 refs., on the mechanisms of gonadotropin suppression by gonadal steroids such as estradiol and progesterone and by LH-RH antagonist analogs in humans and laboratory animals.

=> logoff
ALL L# QUERIES AND ANSWER SETS ARE DELETED AT LOGOFF
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FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE' ENTERED AT 12:16:19 ON 08 JUN 2009
L1 1143 SEA FILE=MFE SPE=ON ABB=ON PLU=ON BOUCHARD P?/AU
L2 21 SEA FILE=MFE SPE=ON ABB=ON PLU=ON L1 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASING(W) HORMONE(W) ANTAGONIST)
L3 18 DUP REM L2 (3 DUPLICATES REMOVED)
L4 2090 SEA FILE=MFE SPE=ON ABB=ON PLU=ON FRYDMAN R?/AU
L5 17 SEA FILE=MFE SPE=ON ABB=ON PLU=ON L4 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASING(W) HORMONE(W) ANTAGONIST)
L6 13 DUP REM L5 (4 DUPLICATES REMOVED)
L7 1615 SEA FILE=MFE SPE=ON ABB=ON PLU=ON DEVROEY P?/AU
L8 24 SEA FILE=MFE SPE=ON ABB=ON PLU=ON L7 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASING(W) HORMONE(W) ANTAGONIST)
L9 13 DUP REM L8 (11 DUPLICATES REMOVED)
L10 1797 SEA FILE=MFE SPE=ON ABB=ON PLU=ON DIEDRICH K?/AU
L11 0 SEA FILE=MFE SPE=ON ABB=ON PLU=ON L0 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASING(W) HORMONE(W) ANTAGONIST)
L12 7149 SEA FILE=MFE SPE=ON ABB=ON PLU=ON ENGEL J?/AU
L13 21 SEA FILE=MFE SPE=ON ABB=ON PLU=ON L2 AND (LHRH(W) ANTAGONIST OR LUTEINIZING(W) HORMONE(W) RELEASING(W) HORMONE(W) ANTAGONIST)
L14 18 DUP REM L13 (3 DUPLICATES REMOVED)
DIS IBIB ABS L3 1-18

FILE 'STNGUIDE' ENTERED AT 12:23:37 ON 08 JUN 2009

FILE 'MEDLINE, BIOSIS, CAPLUS' ENTERED AT 12:30:46 ON 08 JUN 2009
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FILE 'STNGUIDE' ENTERED AT 12:30:47 ON 08 JUN 2009

FILE 'MEDLINE, BIOSIS, CAPLUS' ENTERED AT 12:32:56 ON 08 JUN 2009
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FILE 'STNGUIDE' ENTERED AT 12:32:57 ON 08 JUN 2009

FILE 'MEDLINE, BIOSIS, CAPLUS' ENTERED AT 12:36:03 ON 08 JUN 2009
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